

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004457

Entity Name: HEALTHNETWORK FOUNDATION, INC.

FILED
Mar 24, 2021
Secretary of State
7537018614CC

Current Principal Place of Business:

3550 LANDER RD
STE 225
PEPPER PIKE, OH 44124

Current Mailing Address:

3550 LANDER RD
STE 225
PEPPER PIKE, OH 44124 US

FEI Number: 04-3804600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ROWLEY, WILLIAM W
Address 7590 RUNNYMEADE
City-State-Zip: CHAGRIN FALLS OH 44022

Title BOARD ADVISOR
Name STEERE, F. WILLIAM
Address 731 DELAWARE AVENUE
City-State-Zip: AKRON OH 44303

Title CHIEF OP
Name HERCHEK, LISA
Address 17431 BEECH GROVE TRL
City-State-Zip: CHAGRIN FALLS OH 44023

Title TRUSTEE
Name BUSA, ANTHONY
Address 30600 SALEM DR.
City-State-Zip: BAY VILLAGE OH 44140

Title TRUSTEE
Name FERNANDEZ, BERNARDO DR.
Address 33 RIVER STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title TRUSTEE
Name MCCULLOM, PATRICIA
Address 33 RIVER STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title BOARD ADVISOR
Name KRUL, WILLIAM
Address 33 RIVER STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title BOARD ADVISOR
Name BABCOX, WILLIAM
Address 33 RIVER ST
City-State-Zip: CHAGRIN FALLS OH 44022

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA HERCHEK

**CHIEF OPERATING
OFFICER**

03/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name FRANKEL, MEGAN
Address 33 RIVER ST
City-State-Zip: CHAGRIN FALLS OH 44022

Title VP
Name KOTORA, KIM
Address 3550 LANDER RD
 STE 225
City-State-Zip: PEPPER PIKE OH 44124

Title BOARD ADVISOR
Name GUTTMAN, JOSH
Address 3550 LANDER RD
 STE 225
City-State-Zip: PEPPER PIKE OH 44124

Title BOARD ADVISOR
Name CORNING, DWIGHT B
Address 33 RIVER STREET
City-State-Zip: CHAGRIN FALLS OH 44022

Title BOARD ADVISOR
Name STEERE, BROCK
Address 3550 LANDER RD
 STE 225
City-State-Zip: PEPPER PIKE OH 44124