

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33442

**Entity Name:** THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPORATION**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**9588097438CC****Current Principal Place of Business:**9500 EUCLID AVENUE  
MAIL CODE NA-4  
CLEVELAND, OH 44195-0001**Current Mailing Address:**9500 EUCLID AVENUE  
MAIL CODE NA-4  
CLEVELAND, OH 44195-0001 US**FEI Number: 34-0714585****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 DIRECTOR  
Name SCOTT, HAROLD LEE JR.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name WEINBERG, RONALD E.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name RICH, MELINDA R.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name RIDGEWAY, M.D., BERI  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name WALDRON, JOHN  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name SCHULMAN, DAN  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHAIR, BOARD OF DIRECTORS  
Name MOONEY, BETH E.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title VICE CHAIR, FINANCE AND  
BUSINESS DEVELOPMENT, BOARD  
OF DIRECTORS  
Name PETRAS, MICHAEL B. JR.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

**Continues on page 2**

*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: DAVID W. ROWAN****SECRETARY****04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VICE CHAIR, PHILANTHROPY AND  
STEWARDSHIP, BOARD OF DIRECTORS  
Name POLLOCK, LARRY  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF CAREGIVER OFFICER  
Name HANCOCK, K. KELLY DNP  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF RESEARCH AND ACADEMIC OFFICER  
Name ERZURUM, SERPIL M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name MIHALJEVIC, TOMISLAV M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF ACCOUNTING OFFICER AND  
CONTROLLER  
Name LONGVILLE, TIMOTHY L.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title SECRETARY  
Name ROWAN, DAVID W.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title ASSISTANT SECRETARY  
Name OBLANDER, R. JASON  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF EXECUTIVE OFFICER AND PRESIDENT,  
FLORIDA  
Name DELANEY, M.D., PH.D., CONOR  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name BENZ, K. MICHAEL  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title PRESIDENT, OHIO HOSPITALS AND  
FAMILY HEALTH CENTERS  
Name MALONE, JR., DONALD A. M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF OF OPERATIONS  
Name PEACOCK, WILLIAM M. III  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF OF STAFF, VICE CHAIR - BD OF  
GOVERNORS  
Name RIDGEWAY, M.D., BERI  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF EXECUTIVE OFFICER AND  
PRESIDENT  
Name MIHALJEVIC, TOMISLAV M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title ASSISTANT SECRETARY  
Name DAVIS, MARLEINA T.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF LEGAL OFFICER  
Name ROWAN, DAVID W.  
Address 9500 EUCLID AVENUE  
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City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF DIGITAL OFFICER  
Name CHANDRA, PH.D., ROHIT  
Address 9500 EUCLID AVENUE  
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City-State-Zip: CLEVELAND OH 44195-0001

Title CHIEF GOVERNANCE OFFICER  
Name ROWAN, DAVID W.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
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Title DIRECTOR  
Name AULETTA, PATRICK V.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
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Title DIRECTOR  
Name MOONEY, BETH E.  
Address 9500 EUCLID AVENUE  
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Title DIRECTOR  
Name ROSS, MARK  
Address 9500 EUCLID AVENUE  
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City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name FEDELI, UMBERTO P.  
Address 9500 EUCLID AVENUE  
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City-State-Zip: CLEVELAND OH 44195-0001

Title TRUSTEE  
Name MOONEY, BETH E.  
Address 9500 EUCLID AVENUE  
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Title CHAIR, BOARD OF TRUSTEES  
Name TEST\_CONTACT\_PERSON,  
TEST\_CONTACT\_PERSON  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name ISHRAK, PHD, OMAR  
Address 9500 EUCLID AVENUE  
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Title DIRECTOR  
Name GWIN, BONNIE W.  
Address 9500 EUCLID AVENUE  
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Title DIRECTOR  
Name VEGA, LORRAINE  
Address 9500 EUCLID AVENUE  
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Title PRESIDENT, CLEVELAND CLINIC LONDON  
Name LORENZ, ROBERT M.D.  
Address 9500 EUCLID AVENUE  
MAIL CODE NA-4  
City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name MITTAL, LAKSHMI N

Title CEO, CLEVELAND CLINIC ABU DHABI  
Name GUZMAN, M.D., JORGE  
Address 9500 EUCLID AVENUE  
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City-State-Zip: CLEVELAND OH 44195-0001

Title DIRECTOR  
Name CRAWFORD, DEBORAH A.  
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Title DIRECTOR  
Name HOOVER, CAROLE F.  
Address 9500 EUCLID AVENUE  
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Name MOONEY, BETH E.  
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Title DIRECTOR  
Name KILBANE, CATHERINE M. ESQ.  
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Title DIRECTOR  
Name KEMPER, BETTY J. R.N.  
Address 9500 EUCLID AVENUE  
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Title CFO AND TREASURER  
Name LARAWAY, DENNIS  
Address 9500 EUCLID AVENUE  
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Title DIRECTOR  
Name KOHL, STEWART A.  
Address 9500 EUCLID AVENUE  
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Title CHAIR, BOARD OF GOVERNORS  
Name MIHALJEVIC, TOMISLAV M.D.  
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Title DIRECTOR  
Name KRAMER, RICHARD J

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Title DIRECTOR  
Name MAROONE, MICHAEL E.

Address 9500 EUCLID AVENUE  
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Title DIRECTOR  
Name NANCE, FREDERICK R. ESQ.

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Title DIRECTOR  
Name POLLOCK, LARRY  
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Title DIRECTOR  
Name MORINO, MARIO M.

Address 9500 EUCLID AVENUE  
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Title DIRECTOR  
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