



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/12/2022	202209702738	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

**THE CLEVELAND CLINIC FOUNDATION
3050 SCIENCE PARK DRIVE, AC 32
BEACHWOOD, OH, 44122**

STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose
134191**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AKRON GENERAL MEDICAL CENTER

and, that said business records show the filing and recording of:

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 04/12/2022

Document No(s):

202209702738



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 12th day of April, A.D. 2022.

Ohio Secretary of State

Form 522 Prescribed by:



Date Electronically Filed: 4/12/2022

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Statement of Continued Existence****Filing Fee: \$25****Form Must Be Typed****CHECK ONLY ONE (1) Box**(1) ☒ Statement of Continued Existence (163-CCE)
(Domestic Nonprofit Corporation)(2) ☐ Verification of Foreign Nonprofit (173-FCE)
(Foreign Nonprofit Corporation)**By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges**

Name of Corporation AKRON GENERAL MEDICAL CENTER

Charter or License Number 134191

Complete the information in this section if box (1) is checked

Location of Principal Office AKRON

City

SUMMIT

County

Date of Incorporation 12/15/1928

Date

Complete the information in this section if box (2) is checked

Date of Qualification in Ohio

Date

Jurisdiction of Formation

Jurisdiction

Address of Principal Office

Mailing Address

City

State

Zip Code

All Corporations must complete this section

Current Statutory Agent's Name and Address

CT CORPORATION SYSTEM

Name of Agent

4400 EASTON COMMONS WAY

Mailing Address

COLUMBUS

City

OH

State

43219

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

EMILY WILLIAMS, SECRETARY

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name