2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714564

Entity Name: THE CLOISTERS OF NAPLES, INC.

FILED Apr 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2701 GULF SHORE BLVD., NORTH NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

2701 GULF SHORE BLVD., NORTH NAPLES, FL 34103

FEI Number: 59-1235705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DONELLY, DON RAYE, JOHN R PR. 2701 ĠSBN 2701 GSBN SUITE 103 SUITE 303

NAPLES, FL 34103 US NAPLES, FL 34103 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: JOHN R. RAYE, M.D. 04/05/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition DAVID, DAVID DREW, DAVID Name: Name: 2701 GULFSHORE BLVD NORTH Address: 2701 GULFSHORE BLVD NORTH #602 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: Title: (X) Change () Addition () Delete

Name: RAYE, JOHN Name: FOSTER, EDWIN

Address: 2701 GULF SHORE BLVD Address: 2701 GULF SHORE BLVD., VILLA 4 City-St-Zip:

NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: () Delete Title: SEC (X) Change () Addition FOSTER, EDWIN Name: MOORE, SYLVIA Name:

2701 GULF SHORE BLVD., N 2701 GULF SHORE BLVD., N, #502 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: () Delete Title: () Change () Addition GASTON, PAÙL Name: Name:

2701 GULFSHORE BLVD N Address: Address: NAPLES, FL 34103 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

JOHNSON, DORIS GASTON, PAUL Name: Name:

2701 GULFSHORE BLVD N 2701 GULFSHORE BLVD N., #102 Address: Address:

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: (X) Delete Title: () Change () Addition

LIA VILLE, DAVID Name: Name: Address: 2701 GULF SHORE BLVD N Address: NAPLES, FL 34103 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN R. RAYE, M.D. **PRES** 04/05/2008

Electronic Signature of Signing Officer or Director

Date