

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014840 1. Entity Name CLEVELAND CLINIC FLORIDA NAPLES, LLC					
Principal Place of Business 6101 PINE RIDGE RD. NAPLES, FL 34119			Mailing Address 1950 RICHMOND RD TR38 ATTN: KERRIE KRIZNER LYNDHURST, OH 44124		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1741150	
Zip		Country		5. Certificate of Status Desired ☒ \$5:00 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDREW SERVICE CORP. OF FLORIDA 201 N. FRANKLIN ST., STE 2100 TAMPA, FL 33602-5164				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEVELAND CLINIC FLORIDA 6101 PINE RIDGE ROAD NAPLES, FL 34119 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4/28/06	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/19/06 Daytime Phone # 216/444-3197		