2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000014840

1. Entity Name
CLEVELAND CLINIC FLORIDA NAPLES, LLC

FILED
07 APR 30 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6101 PINE RIDGE RD.
NAPLES, FL 34119

Mailing Address
1950 RICHMOND RD TR38
ATTN: KERRIE KRIZNER
LYNDHURST, OH 44124

BK

03192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2950 Cleveland Clinic Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State
Zip: 33331 Country: USA	Zip Country

4. FEI Number: 31-1741150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORP. OF FLORIDA
201 N. FRANKIN ST., STE 2100
TAMPA, FL 33602-5164

7. Name and Address of New Registered Agent

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

BK

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 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Cleveland Clinic Florida 2950 Cleveland Clinic Blvd. Weston, FL 33331 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700098892307 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] David W Rowan 216-297-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC
CORPORATION SERVICE COMPANY

L 00000014840

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 864362 7402817

AUTHORIZATION : [signature]

COST LIMIT : $ 50.00

ORDER DATE : April 23, 2007

ORDER TIME : 12:37 PM

ORDER NO. : 864362-040

CUSTOMER NO: 7402817

BK

ANNUAL REPORT FILING

BK

NAME: CLEVELAND CLINIC FLORIDA
NAPLES, LLC

RECEIVED
2007 APR 30 PM 3:18
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILING OFFICER COPY
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____