2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 08, 2008 8:00 am Secretary of State **DOCUMENT # L00000014840** 05-08-2008 90102 048 ***138.75 CLEVELAND CLINIC FLORIDA NAPLES, LLC Principal Place of Business Mailing Address 00040131 2950 CLEVELAND CLINIC BLVD. ATTN: KERRIE KRIZNER WESTON, FL 33331 1950 RICHMOND ROAD, TR38 LYNDHURST, OH 44124 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Attn: Maisha Gibson Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 Chg-LLC CR2E083 (12/06) 3050 Science Park Dr City & State City & State 4. FEI Number Applied For 31-1741150 Not Applicable Beachwood, Zip Country Country Ζiρ \$5.00 Additional 5. Certificate of Status Desired 44122 Fee Required Cuyahoga 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREW SERVICE CORP. OF FLORIDA Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKIN ST., STE 2100 TAMPA, FL 33602-5164 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 FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Delete TITLE TITLE Change Addition Asst. Secretary Michael J. Meehan 9500 Euclid Avenue Cleveland, OH 44195 CLEVELAND CLINIC FLORIDA NAME STREET ADDRESS STREET ADDRESS 2950 CLEVELAND CLINIC BLVD. WESTON, FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change X Addition Chairman NAME NAME A. Malachi Mixon, III STREET ADDRESS STREET ADDRESS 9500 Euclid Avenue Cleveland, OH 44195 CITY-ST-ZIP CITY-ST-ZIP Delete TUTLE X Addition Delos M. Cosgrove, M.D. 9500 Euclid Avenue NAME NAME STREET ADDRESS STREET ADDRESS Cleveland, OH CITY-ST-ZIP CITY-ST-ZIP CFO, CCF Delete TITLE TITLE ☐ Change X Addition Steven C. Glass 9500 Euclid Avenue NAME NAME STREET ADDRESS STREET ADDRESS Cleveland, OH 44195 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ▼ Addition CFO, Florida Scott Campbell NAME NAME STREET ADDRESS STREET ADDRESS 2950 Cleveland Clinic Blvd. CITY-ST-ZIP CITY-ST-ZIP Weston, FL 33331 ☐ Delete TITLE ☐ Change X☐ Addition Secretary David W. Rowan 9500 Euclid Avenue Cleveland, OH 44195 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED