

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014840

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: CLEVELAND CLINIC FLORIDA NAPLES, LLC

## Current Principal Place of Business:

2950 CLEVELAND CLINIC BLVD.  
WESTON, FL 33331 US

## New Principal Place of Business:

## Current Mailing Address:

ATTN: MAISHA GIBSON  
3050 SCIENCE PARK DR, AC321  
BEACHWOOD, OH 44122 US

## New Mailing Address:

FEI Number: 31-1741150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: S ( ) Delete  
Name: ROWAN, DAVID W  
Address: 9500 EUCLID AVENUE  
City-St-Zip: CLEVELAND, OH 44195

Title: AS ( ) Delete  
Name: MEEHAN, MICHAEL J  
Address: 9500 EUCLID AVE  
City-St-Zip: CLEVELAND, OH 44195

Title: C ( ) Delete  
Name: MIXON, MALACHI A III  
Address: 9500 EUCLID AVENUE  
City-St-Zip: CLEVELAND, OH 44195

Title: CEO ( ) Delete  
Name: COSGROVE, DELOS M M.D.  
Address: 9500 EUCLID AVENUE  
City-St-Zip: CLEVELAND, OH 44195

Title: CFO ( ) Delete  
Name: GLASS, STEVEN C  
Address: 9500 EUCLID AVENUE  
City-St-Zip: CLEVELAND, OH 44195

Title: CFO ( ) Delete  
Name: CAMPBELL, SCOTT  
Address: 2950 CLEVELAND CLINIC BLVD  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO (X) Change ( ) Addition  
Name: SARGEANT, WILLIAM M  
Address: 2950 CLEVELAND CLINIC BLVD.  
City-St-Zip: WESTON, FL 33331

Title: CEO (X) Change ( ) Addition  
Name: FERNANDEZ, BERNARDO B M.D.  
Address: 2950 CLEVELAND CLINIC BLVD.  
City-St-Zip: WESTON, FL 33331

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 is true and accurate and that my electronic 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: DAVID W. ROWAN, ESQ.

S

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date