2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# L00000014840

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
Name: ROWAN, DAVID W
Address: 9500 EUCLID AVENUE
City-St-Zip: CLEVELAND, OH 44195

Title: COO
Name: PEACOCK, WILLIAM
Address: 9500 EUCLID AVENUE, H-18
City-St-Zip: CLEVELAND, OH 44195

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

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

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

I hereby 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 Statues.

SIGNATURE: DAVID W. ROWAN S 04/16/2010

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