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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004380 (9)

1. Corporation Name
CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PROFIT CORPORATION



Principal Place of Business 201 SOUTH BISCAYNE BOULEVARD SUITE 2900, MIAMI CENTER MIAMI FL 33131-4330	Mailing Address 201 SOUTH BISCAYNE BOULEVARD SUITE 2900, MIAMI CENTER MIAMI FL 33131-4332
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3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ANDREW SERVICE CORP. OF FLORIDA
201 SOUTH BISCAYNE BOULEVARD
SUITE 2900, MIAMI CENTER
MIAMI FL 33131-4330

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOOP, FLOYD D M.D.	
STREET ADDRESS	9500 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44195	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORDEMAN, FRANK L	
STREET ADDRESS	9500 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44195	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILL, CARL C M.D.	
STREET ADDRESS	3000 WEST CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOON, HARRY K M.D.	
STREET ADDRESS	3000 WEST CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	Chairman & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Floyd D. Loop, M.D.	
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	T	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Frank L. Lordeman	
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	T	Exec. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Carl C. Gill, M.D.	
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Harry K. Moon, M.D.	
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

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