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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

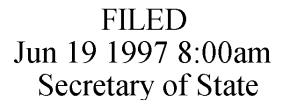
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N96000004380 (9)

CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PRO FIT CORPORATION

Principal Place of Business SOUTH RISCAYNE BOILLEVARD Mailing Address

201 SOUTH BISCAYNE BOULEVARD





SUITE 2800. MIAMI CENTER MIAMI FL 33131-4330		SUITE 2900. MIAMI CENTER MIAMI FL 33131-4332						
						3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State				6. Election Campaign Financing	\$5.00 May Be	
23	28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	├ ─¬	untry		8. This corporation has liability for in		
24		29	30	, —		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent		B1 Nar		10. Name and Address of New Re	Jistered Agent	
				B1 Nar	ne			
ANDREW SERVICE CORP. OF FLORIDA				82 Str		t Address (P.O. Box Number is Not Acceptable)		
	TH BISCAYNE BOULEVARD							
	000, MIAMI CENTER			83				
MIAMI FL	. 33131-4330			84 City	/		85 Zip Code	
		·····		ل_ل			FL 85 215 COOS	
11. Pursuant to office or re	to the provisions of Sections 617,0502 egistered agent, or both, in the State of m familiar with , and accept the obliga	i and 617.1508, Florida Stati of Florida. Such change was tions of Section 617.0503. F	ules, the a s authoriza Florida Sta	above-named by the districted	ned corp corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered	
SIGNATURE							DATE	
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.		alure requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	D OFFICERS AND	DELETE		ITLE	l Tr	Chairman & President		
NAME	LOOP, FLOYD D M.D.	Carl Decemb		NAME	-	Floyd D. Loop, M.D.	<u></u>	
	9500 EUCLID AVENUE			STREET ADDRÉ		11074 2. 1000, 11.2.		
STREET ADDRESS	CLEVELAND OH 44195				33			
CITY-ST-ZIP TITLE	0	DELETE		CITY-ST-ZIP TITLE	<u> </u>	Vice President	X Change Addition	
NAME	LORDEMAN, FRANK L			NAME	-	Frank L. Lordeman		
STREET ADDRESS	9500 EUCLID AVENUE ČLEVELAND OH 44195			STREET ADDRE		rrank m. nordeman		
1			- 1	CITY-ST-ZIP	33	•		
CITY-ST-ZIP TITLE	0	DELETE	_	ITLE	-	Exec. Vice President	- Sc Change Addition	
NAME	GILL, CARL C M.D.			NAME	1	Carl C. Gill, M.D.		
STREET ADDRESS	TARE WEST SUPPLIES SPECK DOLD			3.3 STREET ADDRESS		carr c. cirr, m.b.		
	FT. LAUDERDALE FL 33309	TONO		CITY-ST-ZIP	∞			
CITY-ST-ZIP TITLE	D	DELETE		IITLE	— <u></u>	Q	X Change Addition	
NAME	MOON, HARRY K M.D.			NAME	1	Secretary Harry K. Moon, M.D.		
	3000 WEST CYPRESS CREEK ROAD		•	STREET ADDRE	ee l			
STREET ADDRESS	FT. LAUDERDALE FL 33309	HOAD			.33			
CITY-SY-ZIP TITLE	FI. LAUDENDALE PE 33303	DELETE		CITY-ST-ZIP	+-		Change Addition	
NAME				NAME				
				naivie Street addre	:00			
STREET ADDRESS					33			
CITY-ST-ZIP TITLE		DELETE		DITY-ST-ZIP	+		Change Addition	
1				NAME		Service Service Service Service Service Service Service Self-		
NAME						000000221	raidu 1 000	
STREET ADDRESS			1	STREET ADDRE	:55	-06/20/970101	: 5~~BU3	
CITY-ST-ZIP	and the that the information appolice	with this files does not our		CITY-ST-ZIP		★集集日 25	I further carlify that the	

Information indicated on this 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 phanged; or on an attachment with an address.