

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33131-4330
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3. Date Incorporated or Qualified 08/21/1996	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE: *Gene D. Altus* **Gene D. Altus** Assistant Secretary 1/21/98 216/444-2340

CR2E037 (10/97)