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**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90059 001 \*\*\*376.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004380**

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 <del>201 SOUTH BISCAYNE BOULEVARD</del> <del>SUITE 2900 MIAMI CENTER</del> <del>MIAMI FL 33131-4330</del>
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2. Principal Place of Business 21 6101 PINE RIDGE RD. Suite, Apt. #, etc. 22 City & State 23 NAPLES, FL Zip Country 24 34119 25 USA	2a. Mailing Address 26 9500 EUCLID AVE, M-14 Suite, Apt. #, etc. 27 ATTN: LISA MAHER City & State 28 CLEVELAND, OHIO Zip Country 29 44195 30 USA	3. Date Incorporated or Qualified 08/21/1996	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	TCP	<input type="checkbox"/> DELETE
NAME	LOOP, FLOYD D M.D.	
STREET ADDRESS	9500 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44195	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	LORDEMAN, FRANK L	
STREET ADDRESS	9500 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH 44195	
TITLE	TS	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED.
1.3 STREET ADDRESS	9500 EUCLID AVENUE
1.4 CITY-ST-ZIP	CLEVELAND, OH 44195
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **REQUIRED** 4/29/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 KEVIN ROBERTS, TREASURER Date 216/444-3192

CR2E037 (1/198)

**CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES  
NON PROFIT CORPORATION**

575036-90059-6  
N96060004380

**1998 - 1999**

Officers:	Floyd D. Loop, M.D.	Chairman and President
	Frank L. Lordeman	Vice President
	Harry K. Moon, M.D.	Secretary
	Gene D. Altus	Assistant Secretary
	Kevin V. Roberts	Treasurer
Trustees:	Floyd D. Loop, M.D.	
	Frank L. Lordeman	
	Harry K. Moon, M.D.	