

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004380

1. Entity Name

CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PRO

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90418 047 ****70.00

Principal Place of Business 6101 PINE RIDGE RD. NAPLES FL 34119	Mailing Address 2500 EUCLID AVE. M-14 ATTN: LISA MAHER CLEVELAND OH 44195-0001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		6101 Pine Ridge Rd.	
City & State		Suite, Apt. #, etc.	
Zip		Attn: Leslie Gietano	
Country		City & State	
34119		Naples FL	
USA		Zip	
		Country	
		USA	

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCP LOOP, FLOYD D M.D. 9500 EUCLID AVENUE CLEVELAND OH 44195 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP LORDEMAN, FRANK L 9500 EUCLID AVENUE CLEVELAND OH 44195 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MOON, HARRY K M.D. 3000 WEST CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE *[Signature]* 4/13/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)