

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0087756

DOCUMENT # N96000004380

1. Entity Name

CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PRO

03-12-2001 90491 009 ****61.25

Principal Place of Business

Mailing Address

6101 PINE RIDGE RD.
 NAPLES FL 34119

2500 EUCLID AVE. M-14
 ATTN: LISA MAHER
 CLEVELAND OH 44195

2. Principal Place of Business

3. Mailing Address **Attn: Leslie Gietano**
6101 Pine Ridge Road



DO NOT WRITE IN THIS SPACE
65-084880

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Naples, FL

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

34119

Collier

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee, President, & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Turner, Dean 9500 Euclid Avenue Cleveland, OH 44195	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Altus, Gene 9500 Euclid Avenue Cleveland, OH 44195	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-01

Date Daytime Phone #

CR2E037 (10/00)