

REJECTED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N96000004380** ✓

1. Entity Name
**Cleveland, Clinic Florida Hospital Naples
Nonprofit Corporation**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6101 Pine Ridge Road

3. Mailing Address
9500 Euclid Avenue, TT-33

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Attn: Lisa Maher

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL 34119

City & State
Cleveland, OH 44195

4. FEI Number
105-0841880

Applied For
Not Applicable

Zip
USA

Zip
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Andrew Service Corporation of Florida
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd #2900
City
Miami FL Zip Code
33131

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

FEES \$81.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Melinda Estes, M.D.
Chief Executive Officer
6101 Pine Ridge Road
Naples, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T Floyd D. Coopmo
9500 Euclid Ave
Cleveland, OH 44195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Michael O'Boyle
Chief Financial Officer
9500 Euclid Avenue
Cleveland, OH 44195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**David W. Rowan
Secretary
9500 Euclid Avenue
Cleveland, OH 44195**

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9500 Euclid Avenue
Cleveland, OH 44195**

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Michael J. Meehan
Assistant Secretary
9500 Euclid Avenue
Cleveland, OH 44195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T Frank L. Cordeman
9500 Euclid Ave
Cleveland, OH 44195**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

Michael J. Meehan AS

216/444-3100

CR2E037B (12/01)