



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90006 041 ****61.25

DOCUMENT # N96000004380			
1. Entity Name CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PROFIT CORPORATION		Principal Place of Business 6101 PINE RIDGE RD. NAPLES, FL 34119	
Mailing Address 9500 EUCLID AVE., TT-33 ATTN: LISA MAHER CLEVELAND, OH 44195		54056110	
2. Principal Place of Business		3. Mailing Address 9500 Euclid Ave., TT-33	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Kerrie Krizner	
City & State		City & State Cleveland, OH 4	
Zip		Zip 44195	
Country		Country USA	
4. FEI Number 65-0844880		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N FRANKLIN STREET SUITE 2100 TAMPA, FL 33602-5164		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT ESTES, MELINDA M.D. 6101 PINE RIDGE RD. NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Robert J. Zehr, M.D. 6101 Pine Ridge Rd. Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO O'BOYLE, MICHAEL 9500 EUCLID AVENUE CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWAN, DAVID W 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEEHAN, MICHAEL J 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORDEMAN, FRANK L 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOOP, FLOYD D M.D. 9500 EUCLID AVE. CLEVELAND, OH 44195 <input type="checkbox"/> Delete	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: 		Date: 5/17/04 216/444-2340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	