2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # N9600004380 1. Entity Name CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PROFIT CORPORATION								03-30-2005	5 90031 0	46 ****6.	1.25
6101 PINE RIDGE RD. 19 NAPLES, FL 34119 A		1950 ATTN:	Mailing Address 1950 Richmond Road, TR-38 Attn: Kerrie Krizner Lyndhurst, Oh 44124) (18 (18 (18 (18 (18 (18 (18 (18 (18 (18)	1111 12 11 1111 1		NJIN o d o 2 01 0.
2. Principal Place of Business		3. Maili	3. Mailing Address						Jahr, Bo rn Ba hr (
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				03072005	Chg-NP	CR2EC	037 (10/03)	
City & Stat	le	City	City & State				4. FEI Numbe 65-084			<u> </u>	pplied For ot Applicable
Zip	Country		p Count		intry			of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of C	urrent Registere	d Agent				7. Name and	Address of New	Registered	Agent	
ANDREW SERVICE CORPORATION OF FLOR 201 N FRANKLIN STREET SUITE 2100						ddress (P	(P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33602-5164				L						
					City				FI	Zip Cod	le
	named entity submits this stater tions of registered agent.	ment for the purpo	se of changing its	registere	ed office or	r registere	ed agent, or bot	th, in the State of I	Florida. I am	n familiar with,	and accept
SIGNATURE			<u> </u>	* =		, lead					
SIGNATURE	Signature, typed or printed name of register			E: Registered	d Agent signat	ure required t	when reinstating)		DATE		
SIGNATURE				mpaign Fi	inancing		\$5.00 May B	in Pik	Make chec	k payable trument of S	tate
SIGNATURE	Signature, typed or printed name of register Filling Fee is \$61.25 Due by May 1, 2005		9. Election Can	mpaign Fi	inancing		\$5.00 May B Added to Fees	in Pik	Make chec orida Depa	rtment of S	tate
	Signature, typed or printed name of register Filling Fee is \$61.25 Due by May 1, 2005	red agent and title if appli	9. Election Can	mpaign Fi	inancing ion.	CEO/	\$5.00 May B Added to Fees DDITIONS/CHA	ANGES TO OFFIC	Make checorida Depa	rtment of S	tate
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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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: