

1052

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

06 APR 28 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
1950 RICHMOND ROAD, TR-38  
ATTN: KERRIE KRIZNER  
LYNDHURST, OH 44124



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State  
Zip Country

4. FEI Number  
65-0844880

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 file # applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ZEHR, ROBERT J MD 6101 PINE RIDGE RD. NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete
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	S ROWAN, DAVID W 9500 EUCLID AVE. CLEVELAND, OH 44195	<input type="checkbox"/> Delete
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	T LORDEMAN, FRANK L 9500 EUCLID AVE. CLEVELAND, OH 44195	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOOP, FLOYD D M.D. 9500 EUCLID AVE. CLEVELAND, OH 44195	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Robert Kay, M.D. 2950 Cleveland Clinic Blvd. Weston, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/T Michael P. O'Boyle 9500 Euclid Avenue Cleveland, OH 44195	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T Steven C. Glass 9500 Euclid Avenue Cleveland, OH 44195	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Scott Campbell 2950 Cleveland Clinic Blvd. Weston, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/T Delos M. Cosgrove, M.D. 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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

216/894-3197



CORPORATION SERVICE COMPANY

2057

ACCOUNT NO. : 072100000032

REFERENCE : 069831 7402817

AUTHORIZATION :

*Spud Clement*

COST LIMIT : \$ 70.00

ORDER DATE : April 27, 2006

ORDER TIME : 8:35 AM

ORDER NO. : 069831-010

CUSTOMER NO: 7402817

ANNUAL REPORT FILING

NAME: CLEVELAND CLINIC FLORIDA  
HOSPITAL NAPLES NONPROFIT  
CORPORATION

RECEIVED  
06 APR 28 AM 10:44  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: \_\_\_\_\_