

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90183 001 ****61.25

DOCUMENT # N96000004380

1. Entity Name
**CLEVELAND CLINIC FLORIDA HOSPITAL NAPLES NON PRO
FIT CORPORATION**



Principal Place of Business Mailing Address
6101 PINE RIDGE RD. 9500 EUCLID AVE., TT-33
NAPLES FL 34119 ATTN: LISA MAHER
CLEVELAND OH 44195

11010215



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0844880**

Applied For
Not Applicable

Zip Country Zip Country

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 CORPORATION OF FLORIDA
201 SOUTH BISCAYNE BOULEVARD
SUITE 2900
MIAMI FL 33131-4330

Name
Street Address (P.O. Box Number is Not Acceptable)
Andrew Service Corporation of Florida
201 N. Franklin Street, Suite 2100
City **Tampa** **FL** Zip Code **33602-5164**

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 *Rennette A. Myers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21, 03

FILE NOW: FEE IS \$61.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CEOT | <input type="checkbox"/> Delete |
| NAME | ESTES, MELINDA M.D. | |
| STREET ADDRESS | 6101 PINE RIDGE RD. | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | O'BOYLE, MICHAEL | |
| STREET ADDRESS | 9500 EUCLID AVENUE | |
| CITY-ST-ZIP | CLEVELAND OH 44195 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ROWAN, DAVID W | |
| STREET ADDRESS | 9500 EUCLID AVE. | |
| CITY-ST-ZIP | CLEVELAND OH 44195 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | MEEHAN, MICHAEL J | |
| STREET ADDRESS | 9500 EUCLID AVE. | |
| CITY-ST-ZIP | CLEVELAND OH 44195 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LORDEMAN, FRANK L | |
| STREET ADDRESS | 9500 EUCLID AVE. | |
| CITY-ST-ZIP | CLEVELAND OH 44195 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LOOP, FLOYD D M.D. | |
| STREET ADDRESS | 9500 EUCLID AVE. | |
| CITY-ST-ZIP | CLEVELAND OH 44195 | |

| | |
|----------------|-------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(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: *Michael J. Meehan* **REQUIRED:** **Michael J. Meehan, Assistant Secretary**

CR2E037 (10/02)