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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002284 (7)

1. Corporation Name
ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
14171 METROPOLIS AVENUE
FT MYERS FL 33912

Mailing Address
14171 METROPOLIS AVENUE
FT MYERS FL 33912-4335

3. Date Incorporated or Qualified 05/04/1994
3a. Date of Last Report 02/27/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
City & State 27
Zip 28 Country 30

4. FEI Number 65-0511558
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT MYERS FL 33901

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS (Block 12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Block 13). Rows include names and addresses of officers like PICCOLA, A. JOSEPH, WINESETT, RICHARD W, DALTROFF, ANDREW, and METHENY, MARVIN L.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 2/19/97 441 936 659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056685

CR2E037 (9/96)