

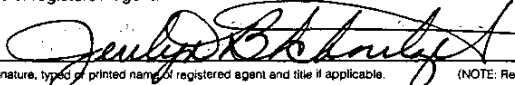
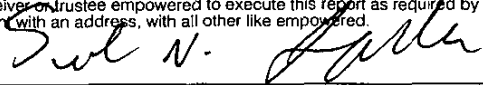


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90110 004 ****61.25

DOCUMENT # N94000002284 1. Entity Name ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14171 METROPOLIS AVENUE FT MYERS, FL 33912		Mailing Address C/O CAPE CORAL HOSPITAL 636 DE PRADO BLVD CAPE CORAL, FL 33990			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7800 UNIVERSITY POINTE Dr. # 100		50026047 	
City & State City & State FORT MYERS, FL		4. FEI Number 65-0511558			
Zip 33907		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAUGEN, AERMAN 12651 WORLD PLAZA LANE FORT MYERS, FL 33907			7. Name and Address of New Registered Agent: Name SCHWITZEL, JERILYN Street Address (P.O. Box Number is Not Acceptable) 7800 UNIVERSITY POINTE Dr # 100 City FORT MYERS FL Zip Code 33907		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/15/05	
Filing Fee is \$61.25 Due by May 1, 2005		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	VPD LOBOSEO, JOSEPH 14121 METROPOLIS AVE. FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOBOSCO, JOSEPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. D LALLA, SUEIL L 14171 METROPOLIS AVE STE 203 FORT MYERS, FL 33912	<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	PB SEC TREAS. D LU, JOANNE DR. 14171 METROPOLIS AVE. FORT MYERS, FL 33912	<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		<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		<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)(l), 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 2/15/05 (239) 425-6025	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	