

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2008  
Secretary of State**

DOCUMENT# N94000002284

Entity Name: ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14171 METROPOLIS AVENUE  
FT MYERS, FL 33912

**New Principal Place of Business:**

15880 SUMMERLIN RD, #300 - 390  
FORT MYERS, FL 33908

**Current Mailing Address:**

7051 CYPRESS TERRACE  
STE 110  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 65-0511558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEPITONE, THOMAS  
7051 CYRESS TERRACE  
STE 110  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

PEPITONE, THOMAS  
15880 SUMMERLIN RD, #300 - 390  
FORT MYERS, FL 33908 US

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.

SIGNATURE: \_\_\_\_\_ Date: 04/26/2008  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOBOSCO, JOSEPH  
Address: 14121 METROPOLIS AVE.  
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete  
Name: LALLA, SUEIL L  
Address: 14171 METROPOLIS AVE STE 203  
City-St-Zip: FORT MYERS, FL 33912

Title: S ( ) Delete  
Name: LU, JOANNE DR.  
Address: 14171 METROPOLIS AVE.  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LOBOSCO, JOSEPH  
Address: 15880 SUMMERLIN RD, #300 - 390  
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change ( ) Addition  
Name: LALLA, SUNIL L DR  
Address: 14171 METROPOLIS AVE STE 202  
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: LU, JOANNE DR.  
Address: 14171 METROPOLIS AVE. STE 201  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PEPITONE      RA      Date: 04/26/2008  
Electronic Signature of Signing Officer or Director