

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002284

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**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:**

**Current Mailing Address:**

8890 SALROSE LANE, #200  
FORT MYERS, FL 33912

**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  
8890 SALROSE LANE #200  
FORT MYERS, FL 33912 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOBOSCO, JOSEPH  
Address: 8890 SALROSE LANE #200  
City-St-Zip: FORT MYERS, FL 33912

Title: ST  
Name: LALLA, SUNIL L DR  
Address: 14171 METROPOLIS AVE STE 202  
City-St-Zip: FORT MYERS, FL 33912

Title: VP  
Name: LU, JOANNE DR.  
Address: 14171 METROPOLIS AVE. STE 201  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: THOMAS PEPITONE

MNGR

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date