

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90168 019 ****61.25

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

DOCUMENT # N94000002284

1. Entity 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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 90 CAPE CORAL HOSPITAL
 Suite, Apt. #, etc.
 636 DEL PRADO BLVD

City & State
 CAPE CORAL FL

4. FEI Number
 65-0511558

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
 33990 USA

6. Name and Address of Current Registered Agent
WINESETT, RICHARD W
 2248 FIRST STREET
 FT MYERS, FL 33901

7. Name and Address of New Registered Agent
 Name
Kistel, David
 Street Address (P.O. Box Number is Not Acceptable)
LMHS/Cape Coral Hosp./Attn: Property Mgmt.
636 Del Prado Boulevard
 City
Cape Coral FL Zip Code
33990

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 *David Kistel* **DAVID KISTEL** 2-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PICCOLA, A. JOSEPH 951 AQUA LANE FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Peet, Geurt C. LMHS/Cape Coral Hosp./Attn: Prop. Mgmt. 636 Del Prado Boulevard Cape Coral, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WINESETT, RICHARD W 1574 PASSAIC AVENUE FT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD German, Mike LMHS/Cape Coral Hosp./Attn: Prop. Mgmt. 636 Del Prado Boulevard Cape Coral, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD METHENY, MARVIN L 2178 MCGREGOR BLVD. FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lalla, Sunil L. 14171 Metropolis Avenue, Suite 203 Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kistel, David LMHS/Cape Coral Hosp./Attn: Prop. Mgmt. 636 Del Prado Boulevard Cape Coral, FL 33990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gigleman, Tod B. LMHS/Cape Coral Hosp./Attn: Prop. Mgmt. 636 Del Prado Boulevard Cape Coral, FL 33990	<input type="checkbox"/> Change <input checked="" 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)(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: *David Kistel* 2-18-03 (239) 772-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)