FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **N94000002284 (7)**

1. Corporate 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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt # etc
22

Suite Apt # etc
27

City & State
23

City & State
28

Zip 24 County 25

Zip 29 County 30

APPROVED
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 05/04/1994

3a. Date of Last Report:

4. FEI Number: 65-0511558 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Certified Copy (Including Front and Back Coordination): [ ] $5.00 May Be Added to Fees

7. Nonprofit with IRS Tax Exempt Status: [ ] $68.75 Supplemental Fee Not Required

8. Has corporation filed, or intended to file under S. 290.05, Florida Statute: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS
TITLE	PTD	TITLE [ ] Change [ ] Addition
NAME	PICCOLA, A. JOSEPH	NAME
STREET ADDRESS	951 AQUA LANE	STREET ADDRESS
CITY, ST, ZIP	FT MYERS FL 33919	CITY, ST, ZIP
TITLE	VSD	TITLE [ ] Change [ ] Addition
NAME	WINESETT, RICHARD W	NAME
STREET ADDRESS	1574 PASSAIC AVENUE	STREET ADDRESS
CITY, ST, ZIP	FT MYERS FL 33901	CITY, ST, ZIP
TITLE	D	TITLE [ ] Change [ ] Addition
NAME	DALTROFF, ANDREW	NAME
STREET ADDRESS	3949 EVANS AVE, SUITE 307B	STREET ADDRESS
CITY, ST, ZIP	FT MYERS FL 33901	CITY, ST, ZIP
TITLE		TITLE [ ] Change [ ] Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP
TITLE		TITLE [ ] Change [ ] Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP
TITLE		TITLE [ ] Change [ ] Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and is correct 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or in an attachment with an asterisk.

SIGNATURE: [signature] 4/26/95 813 936-6591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0050000