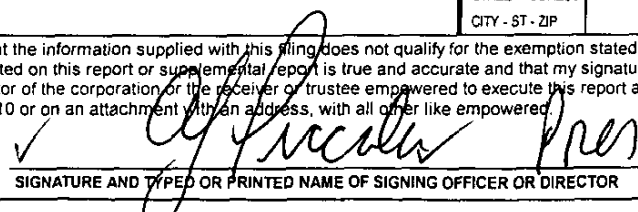
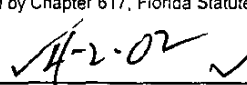


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90102 025 \*\*\*\*61.25

<b>DOCUMENT #</b> N94000002284			
1. Entity Name ARIELLE MEDICAL CENTER CONDOMINIUM ASC			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business 14171 METROPOLIS AVE Suite, Apt. #, etc.		3. Mailing Address 14171 METROPOLIS AVE Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State FORT MYERS FL	
4. FEI Number 65-0511558	Applied For Not Applicable		
Zip 33912	Country LEE	Zip 33912	Country LEE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name WINESETT, RICHARD W	
		Street Address (P.O. Box Number is Not Acceptable) 2248 FIRST STREET	
		City FORT MYERS FL	
		FL	Zip Code 33901
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.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
<input checked="" type="checkbox"/> <b>FEE IS \$61.25</b> Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PICCOLA, A JOSEPH 951 AQUA LANE FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD WINESETT RICHARD W 1574 PASSAIC AVENUE FORT MYERS FL 33901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD METHENY-MARVIN L 2178 MCGREGOR BLVD FORT MYERS FL 33901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4-2-02 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037B (12/01)