03/14/2006 10:19 12397689311
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Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90135 020 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002284

1. Entity Name
ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

20017481

Principal Place of Business
14171 METROPOLIS AVENUE
FT MYERS, FL 33912

Mailing Address
7800 UNIVERSITY POINTE DR
STE 100
FORT MYERS, FL 33907

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0511558 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
D'Alessandro & Woodyard Property Management Services, LLC
Thomas F. Peptone, Director
7800 UNIVERSITY POINTE DR
STE 100
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 X 3-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

TITLE	VPD	☐ Delete
NAME	LOBOSCO, JOSEPH	
STREET ADDRESS	14121 METROPOLIS AVE.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	PD	☐ Delete
NAME	LALLA, SUEIL L	
STREET ADDRESS	14171 METROPOLIS AVE STE 203	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	STD	☐ Delete
NAME	LU, JOANNE DR.	
STREET ADDRESS	14171 METROPOLIS AVE.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	☒ Change ☐ Addition
NAME	Lobosco, Joseph	
STREET ADDRESS	14121 Metorpolis Ave.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	VPD	☒ Change ☐ Addition
NAME	Lalla, Sueil L	
STREET ADDRESS	14171 Metropolis Ave. Ste 203	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	PD	☒ Change ☐ Addition
NAME	Lu, Joanne Dr.	
STREET ADDRESS	14171 Metropolis Ave.	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Joanne Lu X 3-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002284

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Principal Place of Business
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FT MYERS, FL 33912

Mailing Address
7800 UNIVERSITY POINTE DR
STE 100
FORT MYERS, FL 33907

20017481

[redacted]

03132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'Alessandro & Woodyard Property Management Services, LLC **Thomas F. Pepitone, Director** 7800 UNIVERSITY POINTE DR STE 100 FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 _____ 3-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2006

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	VPD LOBOSCO, JOSEPH 14121 METROPOLIS AVE. FORT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lobosco, Joseph 14121 Metorpolis Ave. Fort Myers, FL 33912 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LALLA, SUEIL L 14171 METROPOLIS AVE STE 203 FORT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lalla, Sueil L 14171 Metropolis Ave. Ste 203 Fort Myers, FL 33912 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LU, JOANNE DR. 14171 METROPOLIS AVE. FORT MYERS, FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lu, Joanne Dr. 14171 Metropolis Ave. Fort Myers, FL 33912 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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SIGNATURE: X _____ X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #