

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002284

FILED
Apr 13, 2010
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

RA

04/13/2010

Electronic Signature of Signing Officer or Director

Date