

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600694**

1. Entity Name  
MELBOURNE INTERNAL MEDICINE ASSOCIATES, P.A.



Principal Place of Business  
200 EAST SHERIDAN RD.  
MELBOURNE, FL 32901

Mailing Address  
200 EAST SHERIDAN RD.  
MELBOURNE, FL 32901



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1224281

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNELL, AL  
200 E SHERIDAN RD  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SEELMAN, ROBERT C MD  
STREET ADDRESS 200 EAST SHERIDAN ROAD  
CITY-ST-ZIP MELBOURNE, FL

TITLE SOTD  
NAME MARTIN ISENMAN MD  
STREET ADDRESS 200 EAST SHERIDAN ROAD  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE VP  
NAME STALL, PHILLIPS H. MD.  
STREET ADDRESS 200 EAST SHERIDAN ROAD.  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE CD  
NAME MCCLURE, JOSEPH  
STREET ADDRESS 200 E SHERIDAN ROAD  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE CFA  
NAME NESCIO, RICHARD A JR  
STREET ADDRESS 200 E. SHERIDAN RD  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000387956  
01/19/06-80060-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2006

Date

321-725-4500

Daytime Phone #

8275