

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 761038

1. Entity Name
ISLAND PROFESSIONAL COMPLEX ASSOCIATION, INC.



Principal Place of Business
**375 SOUTH COURTENAY PKWY
UNIT 4
MERRITT ISLAND, FL 32952**

Mailing Address
**375 SOUTH COURTENAY PKWY
UNIT 4
MERRITT ISLAND, FL 32952**



02082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1753201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L
3490 NORTH U S HWY 1
COCOA, FL 32926**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KNAPPMAN, JOHN W MD
375 SOUTH COURTENAY PARKWAY
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MILBURN, BRUCE MD
375 S COURTENAY PKWY #4
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LEIFER, KENT N MD
375 S COURTENAY PKWY #4
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COHEN, LEON A MD
375 S COURTENAY PKWY #4
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEINSTEIN, RUSSELL MD
375 S COURTENAY PKWY #4
MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000720951
05/01/07-80126-013 61.25

**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 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:

Kent N. Leifer, md.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent N. Leifer

4-17-07
Date

321-452-4730
Daytime Phone #