

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90028 009 \*\*\*\*61.25



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number **26-2049580** Applied For  
~~59-1753201~~ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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, 2008**

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

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kent N. Leifer*

Secretary -  
Treasurer

*4-24-08*

Date

*321-452-4730*

Daytime Phone #

ISLAND PROFESSIONAL COMPLEX  
ASSOCIATION INC  
375 S COURTENAY PKWY  
MERRITT IS, FL 32952