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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14440 (4)

1. Corporation Name

ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

220 S COURTENAY PKWY
MERRITT ISLAND FL 32952220 S COURTENAY PKWY
MERRITT ISLAND FL 32952-48573. Date Incorporated or Qualified
04/17/19863a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2586018Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEPLER, JAMES W., III
505 NORTH ORLANDO AVE.
COCOA BCH FL81 Name
James E. Carter, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
220 S. Courtenay Parkway
83 Suite C
84 City
Merritt Island FL 85 Zip Code
32952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIBBONS, BRIAN P.	
STREET ADDRESS	220 S COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HADDEN, EDWIN E	
STREET ADDRESS	333 W. COCOA BCH CSWY	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PALERMO, JAMES V.	
STREET ADDRESS	699 W. COCOA BCH. CAUSEWAY, SUITE 505	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARTER, JAMES E.	
1.3 STREET ADDRESS	220 S. COURTENAY PKWY., SUITE C	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32952	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RADU, MIHAI	
2.3 STREET ADDRESS	220 S COURTENAY PKWY	
2.4 CITY-ST-ZIP	MERRITT ISLAND FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020034

2/6/97

CR2E037 (9/96)