

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14440

1. Entity Name

ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATI

**FILED**  
Aug 08, 2000 8:00 am  
Secretary of State

04-27-2000 90089 034 \*\*\*\*61.25

Principal Place of Business

220 S COURTENAY PKWY  
MERRITT ISLAND FL 32952

Mailing Address

220 S COURTENAY PKWY  
MERRITT ISLAND FL 32952-4857

2. Principal Place of Business

3. Mailing Address

699 W. Cocoa Beach Cswy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 405

City & State

City & State

Cocoa Beach FL

Zip

Country

Zip

Country

32931

USA

4. FEI Number

59-2536496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

James V. Palermo - M.D.

Street Address (P.O. Box Number is Not Acceptable)

699 W. Cocoa Beach Cswy.

Suite 505

City

Cocoa Beach

FL

Zip Code

32931

CARTER, JAMES E. M.D.

220 S COURTENAY PARKWAY

SUITE C

MERRITT ISLAND FL 32952

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.

SIGNATURE

James V. Palermo M.D. - Secretary/Treasurer/Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

|                |                                       |                                            |
|----------------|---------------------------------------|--------------------------------------------|
| TITLE          | PD                                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CARTER, JAMES E.                      |                                            |
| STREET ADDRESS | 220 S COURTENAY PKWY., SUITE C        |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL                     |                                            |
| TITLE          | VD                                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CARTER, JOAN                          |                                            |
| STREET ADDRESS | 220 S COURTNEY PKWY, SUITE C          |                                            |
| CITY-ST-ZIP    | MERRITT ISLAND FL 32952               |                                            |
| 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    |                                       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                                                              |
|----------------|----------------------------|------------------------------------------------------------------------------|
| TITLE          | p/d                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Wade Gray                  |                                                                              |
| STREET ADDRESS | 701 West Cocoa Bch. Cswy.  |                                                                              |
| CITY-ST-ZIP    | Cocoa Beach FL 32931       |                                                                              |
| TITLE          | V/D Tom Mills              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | 701 West Cocoa Beach Cswy. |                                                                              |
| STREET ADDRESS | Cocoa Beach FL 32931       |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |                                                                              |
| STREET ADDRESS |                            |                                                                              |
| CITY-ST-ZIP    |                            |                                                                              |

12. I 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 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:

James V. Palermo M.D.

4-19-00 (321) 783-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)

please see revised attached 2000 UBR Attachment

N14446

309057



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 17, 2000

ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC  
701 WEST COCOA BEACH CSWY.  
COCOA BEACH, FL 32931

SUBJECT: ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N14440

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 200A00039097

8-2-00

I do not understand why you chose to send this letter and attachments to the above address. I failed to fill out Block 3 with the new address, but you should have remained this to the new registered agent. 701 West Cocoa Beach Cswy. is the address for Cape Canaveral Hospital in Cocoa Beach, FL. Unfortunately, no one in the mail room at the hospital knows who is "Island Medical Specialists". This correspondence has been floating around the hospital for two weeks. Someone finally figured it out that it should go to James V. Palermo MD - the new registered agent.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314