

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90194 022 ****61.25

DOCUMENT # N14440

1. Entity Name

**ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business

**220 S COURTENAY PKWY
MERRITT ISLAND FL 32952**

Mailing Address

**699 W COCOA BEACH CSWY
STE 405
COCOA BEACH FL 32931**

BU0073143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2536496

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PALERMO, JAMES MD
699 W COCOA BEACH CSWY
STE 505
COCOA BEACH FL 32931**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GRAY, WADE**
STREET ADDRESS **701 WEST COCOA BCH CSWY**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MILLS, TOM**
STREET ADDRESS **701 W COCOA BCH CSWY**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **PALERMO, JAMES V.**
STREET ADDRESS **699 W. COCOA BCH. CAUSEWAY, SUITE 505**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Palermo **James Palermo** -10-02 (321) 783-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)