

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90108 018 ****61.25

DOCUMENT # N14440

1. Entity Name
ISLAND MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, 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**

30026104



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**C/O GAIL STALNAKER
Suite, Apt. #, etc.
3300 FISKE BLVD
City & State
Rockledge Florida
Zip
32955**

3. Mailing Address
**C/O GAIL STALNAKER
Suite, Apt. #, etc.
3300 FISKE BLVD
City & State
Rockledge Florida
Zip
32955**

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

7. Name and Address of New Registered Agent
**Name: GAIL STALNAKER - C/O
Str: Health First
City: Financial Services Dept.
3300 Fiske Blvd.
Rockledge, FL 32955**

Zip Code **32955**

8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent.

SIGNATURE: *Gail Stalnak*
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: **2/5/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, WADE	
STREET ADDRESS	701 WEST COCOA BCH CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, TOM	
STREET ADDRESS	701 W COCOA BCH CSWY	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	STD	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL STALNAKER	
STREET ADDRESS	3300 FISKE BLVD	
CITY-ST-ZIP	Rockledge Florida 32955	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Mills	
STREET ADDRESS	3300 FISKE BLVD	
CITY-ST-ZIP	Rockledge Florida 32955	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA STONER	
STREET ADDRESS	3300 FISKE BLVD	
CITY-ST-ZIP	Rockledge Florida 32955	
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: *Gail Stalnak* **2/5/03** **434-5175**

CR2E037 (10/02)