FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0223789

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 15 PM 2:40

DOCUMENT # 642529

1. Corporation Name

DR. IAN JEFFRIES NEONATOLOGY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~3100 SW 62 AVE~~ ~~MIAMI FL 33155~~ ~~US~~	~~3100 SW 62 AVENUE~~ ~~MIAMI FL 33155~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4651 SHERIDAN ST
Suite, Apt. #, etc.
22 SUITE 402
City & State
23 Hollywood FL
Zip 24 33021 Country 25

2a. Mailing Address
26 4651 SHERIDAN ST
Suite, Apt. #, etc.
27 SUITE 402
City & State
28 Hollywood FL
Zip 29 33021 Country 30

3. Date Incorporated Or Qualified
10/22/1979

4. FEI Number
59-1950754
Applied For / Not Applicable

5. Certified Copy (Optional) **$8.75** Additional Fee Required

6. Expedited Processing (Optional) **$5.00** May Be Added to Fees

8. Does corporation owe Florida current year Intangible Personal Property Tax? X Yes [ ] No

9. Name and Address of Current Registered Agent

JEFFRIES, IAN P.
~~3100 SW 62ND AVE~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent
81 Name JAY A. MARTUS
82 Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN STREET
83 SUITE 402
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Now, the party appointed as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jay A. Martus, V.P., Registered Agent 4/13/99
Signature, type or print name of registered agent, and date (Registered Agent's Address)

12. OFFICERS AND DIRECTORS

TITLE	SP	X DELETE
NAME	JEFFRIES, IAN P	
STREET ADDRESS	3100 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PP	[ ] Change X Add
NAME	MITCHELL EISENBERG	
STREET ADDRESS	4651 SHERIDAN STREET SUITE 402	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	EVP/D	[ ] Change [X] Add
NAME	LEWIS GOLD	
STREET ADDRESS	4651 SHERIDAN STREET SUITE 402	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	COO/D	[ ] Change X Add
NAME	MICHAEL SCHUNDLER	
STREET ADDRESS	4651 SHERIDAN STREET SUITE 402	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP/S	[ ] Change X Add
NAME	JAY A. MARTUS	
STREET ADDRESS	4651 SHERIDAN STREET SUITE 402	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900002841439--0
-04/16/99--01008--012
****4350.00 ****150.00

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall satisfy the requirements of Section 607.0120, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. IAN JEFFRIES NEONATOLOGY ASSOCIATES, INC
By: Jay A. Martus V.P. April 13, 1999 (954)986-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay A. Martus, VP

CR2E034 (11/98)