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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28654

(8)

DAVID NEUMAN & DAVID IJAC, M.D.'S, P.A.

| Principal Place | e of Business | Mailing Address | | -{ | J 0 1 0 0 0 0 0 0 0 0 | |
|---|---|---------------------------------------|---|---|--|--|
| \$6244 MILITARY TRL. 16244 MILITARY TRL. \$UITE 710 SUITE 710 DELRAY BCH FL 33484 DELRAY BCH FL 33484-6505 | | | 05 | | | |
| | | | | 3. Date Incorporated or Qualified 08/13/1986 | 3a. Date of Last Report 04/23/1996 | |
| | ace of Business | 2a. Mailing Address | 1 0 1 | 4. FEI Number | Applied For | |
| | W. Linton Blud | | nton Blud | 59-2700913 | Not Applicable | |
| Sulte, Apt. | <u> </u> | Suite, Apt. #, etc. 27 F107 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State City & State | | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing | \$5.00 May Be | | |
| | | 28 Dellay Be | ach 41. | Trust Fund Contribution | Added to Fees | |
| Zip | Country | - Z ^τ ρ | Country | 8. This corporation has liability for in | | |
| 24 334 | | | 30 USA | | Yes No | |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 1 AVENDED LOCI D 81 Name | | | | | | |
| LAVENDER, JUEL II. | | | | | · | |
| 4TH FLOOR | | | 82 Street Addre | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | LAUDERDALE 33316 | | 83 | | | |
| | | | 84 City | | 85 Zip Code | |
| | | | | | | |
| 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Signature, typod or printed name of repostered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | Signature, typed or printed name of registered ager OFFICERS AND | | Hegistered Agent signature require | ADDITIONS/CHANGES TO OFFIC | DATE CERS AND DIRECTORS IN 12 | |
| TITLE | PD | DELETE | 1.1 UTLE | ADDITIONS/OFFARES TO OFFIC | Change Addition | |
| NAME | NEUMAN, DAVID | | 1.2 NAME | | | |
| STREET ADDRESS | 16244 MILITARY TRL #710 | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 CiTY-S1-ZiP | | | |
| TITLE | \$TD | DELETE | 21 TITLE | | ☐ Change ☐ Addition | |
| NAME | IJAC, DAVID | | 2.2 NAME | | | |
| STREET ADDRESS | 16244 MILITARY TRL #710 | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | DELRAY BEACH FL | DELEVE | 2. 4 CITY-ST-ZIP | | Change Addition | |
| TITLE NAME | | | 3.1 TITLE | | Li Grange Li Addition | |
| STREET ADDRESS | | | 3.2 NAME 3.3 STREET ADDRESS | • | | |
| CITY-ST-ZIP | | | 3.4. CITY - \$1 - ZIP | | | |
| TITLE | | DELETE | 4.1 Title | | Change Addition | |
| NAME | | | 4.2 NAME | | - | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | ļ | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | - | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | T BELETE | 5.4 CITY - S1 - ZIP | | About Lands | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME DIDEET + DODDESS | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP 14. I do hereb | y certify that the information supplied | with this filing does not qualify | 6.4 CITY-ST-ZIP for the exemption stated | in Section 119.07(3)(i), Florida Statutes | . I further certify that the | |

4. To nereby 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 arrival report or supplemental annual report is true and a curate 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 of rustee empowered to exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ji changed, or on an attachment with an address.

SIGNATURE

4-8-97

(50) 498-4223

FILED

Apr 14 1997 8:00am

Secretary of State