

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90014 036 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # J28654

1. Corporation Name

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

Principal Place of Business

**4800 W LINTON BLVD
F107
DELRAY BEACH FL 33445
US**

Mailing Address

**4800 W LINTON BLVD
F107
DELRAY BEACH FL 33445
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1986

4. FEI Number

59-2700913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LAVENDER, JOEL R.
507 SE 11TH CT
4TH FLOOR
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **NEUMAN, DAVID**
STREET ADDRESS **16244 MILITARY TRL #710**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **STD** ☐ DELETE
NAME **IJAC, DAVID**
STREET ADDRESS **16244 MILITARY TRL #710**
CITY-ST-ZIP **DELRAY BEACH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE OF REGISTERED AGENT

7/15/99

561-498-4223

CR2E034 (5/99)



Associated
Doctors

"Our Specialty is Health Care,
Our Interest is Your Well Being"

J28654
593880-90014-36

David Neuman, M.D.
Internal Medicine

David Ijac, M.D.
Internal Medicine

Mitchell Perelman, M.D.
Internal Medicine

Bruce Zukerberg, M.D.
Internal Medicine &
Nuclear Medicine

Jonathan Kaplan, M.D.
Internal Medicine &
Gastroenterology

Carlos A. Cowley, M.D.
General & Invasive
Cardiology

Kaifeng Qian, M.D., Ph.D.
Internal Medicine & Acupuncture

Paige E. Morris, M.D.
Internal Medicine

July 14, 1999

Mr. Shaun Toner
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Profit Corporation Annual Report

Dear Mr. Toner:

I received the 1999 Profit Corporation Annual Report packet today, July 14, 1999 which stated that this was our second notice, however I never received the first notice.

After contacting your office today and speaking with you, I am paying the \$150.00 fee and attaching this letter to each packet as per your instructions.

The following are the six corporations:

Bruce I. Fisher
Administrator

Associated Doctors, Inc.	P96000008395
Neuman & Ijac, MD's, PA	J28654
Neujac, Inc.	S04929
Jacneu, Inc.	P94000024982
David Holding One, Inc.	P95000041060
David Holding Two, Inc.	P95000041061

Delray Office
4800 Linton Blvd.
Suite F-107
Delray Beach
Florida 33445
(561) 498-4223
(561) 498-0753 Fax

Thank you very much for your cooperation in this matter.

Boynton Office
3795 Boynton Beach Blvd.
Boynton Beach
Florida 33436
(561) 364-0900
(561) 364-0903 Fax

Sincerely,

Bruce Fisher
Administrator

Physicians Walk-in Medical Center
4800 Linton Blvd., E301
Delray Beach, FL 33484
561-637-4655
561-637-9803 Fax