

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 033 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # P94000024982
 1. Corporation Name
JACNEU, INC.



Principal Place of Business Mailing Address
4800 W LINTON BLVD **4800 W LINTON BLVD**
F107 **F107**
DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
03/28/1994
 4. FEI Number **65-0584703** 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

9. Name and Address of Current Registered Agent
LAVENDER, JOEL R
507 SE 11TH CT
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	NEUMAN, DAVID
STREET ADDRESS	16244 S MILITARY TRL 710
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	DVST <input type="checkbox"/> DELETE
NAME	IJAC, DAVID
STREET ADDRESS	16244 S MILITARY TRL 710
CITY-ST-ZIP	DELRAY BEACH FL 33484
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **7/15/99** **561-498-4023**

CR2E034 (5/99)

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593877-90014-33



Associated Doctors

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

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

Bruce I. Fisher
Administrator

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

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

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

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:

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

Thank you very much for your cooperation in this matter.

Sincerely,

Bruce Fisher
Administrator