


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 035 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000008395
1. Corporation Name
ASSOCIATED DOCTORS, INC.

Principal Place of Business
**4800 W LINTON BLVD.
STE F107
DELRAY BEACH FL 33445
US**

Mailing Address
**4800 W LINTON BLVD.
STE F107
DELRAY BEACH FL 33445
US**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1996

4. FEI Number
65-0639583

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
**IJAC, DAVID
4800 W LINTON BLVD.
F 107
DELRAY BEACH FL 33445**

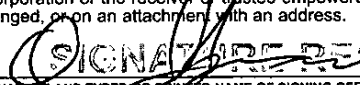
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMAN, DAVID	1.2 NAME	
STREET ADDRESS	16244 S. MILITARY TRAIL, SUITE 710	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33048-6505	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IJAC, DAVID	2.2 NAME	
STREET ADDRESS	16244 S. MILITARY TRAIL, SUITE 710	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33048-6505	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELMAN, MITCHELL	3.2 NAME	
STREET ADDRESS	4800 WEST LINTON BLVD. F107	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** **561-498-4223**

CR2E034 (5/99)



Associated Doctors

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

P96000008395
593879-90014-35

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