

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:59

DOCUMENT # 563191 (6)

1. Corporation Name
HOLLYWOOD PROFESSIONAL COLLECTIONS, INC.

Principal Place of Business
**PEMBROKE PINES PROFESSIONAL CTR.
9050 PINES BLVD.,#200
PEMBROKE PINES FL 33024**

Mailing Address
**PEMBROKE PINES PROFESSIONAL CTR.
9050 PINES BLVD.,#200
PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/17/1978	3a. Date of Last Report 03/14/1994
4. FEI Number 59-1810073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under C. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent BORUSHOK, MICHAEL J. PEMBROKE PINES PROFESSIONAL CTR. 9050 PINES BLVD.,#200 PEMBROKE PINES FL 33024		10. Name and Address of New Registered Agent	
B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	FL	

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 register 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]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, DAVID A	1.2 NAME	
STREET ADDRESS	9050 PINES BLVD.,#200	1.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	1.4 CITY ST ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENDORF, LEONARD	2.2 NAME	
STREET ADDRESS	9050 PINES BLVD.,#200	2.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORUSHOK, MICHAEL J	3.2 NAME	
STREET ADDRESS	9050 PINES BLVD.,#200	3.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	3.4 CITY ST ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIZEL, HERBERT E	4.2 NAME	
STREET ADDRESS	9050 PINES BLVD.,#200	4.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	4.4 CITY ST ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGULIES, STANLEY I	5.2 NAME	
STREET ADDRESS	9050 PINES BLVD.,#200	5.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	5.4 CITY ST ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISEN, HUGH M.	6.2 NAME	
STREET ADDRESS	9050 PINES BLVD.,#200	6.3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/1/95** FILING FEE: **205 137 4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Hugh Eisen, MD**

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LINE 12 CONTINUED

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Schoenbaum, Stephen W
9050 Pines Blvd # 200
Pembroke Pines Fl 33024

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Glasser, Robert M
9050 Pines Blvd #200
Pembroke Pines Fl 33024

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Masel, Sheldon Z.
9050 Pines Blvd #200
Pembroke Pines Fl 33024

D
Tepperman, Barry S
9050 Pines Blvd #200
Pembroke Pines Fl 33024

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Livingston, Peter A
9050 Pines Blvd #200
Pembroke Pines Fl 33024

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Goldberg, Lester R
9050 Pines Blvd #200
Pembroke Pines Fl 33024

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Appelman, Robert I
9050 Pines Blvd #200
Pembroke Pines Fl 33024

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Kappelman, Neil B
9050 Pines Blvd #200
Pembroke Pines Fl 33024

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Goldberg, Herbert M
9050 Pines Blvd #200
Pembroke Pines Fl 33024

D
Dach, Jeffrey L
9050 Pines Blvd #200
Pembroke Pines Fl 33024

D
Swerdlow, Trevor A
9050 Pines Blvd #200
Pembroke Pines Fl 33024