

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K36390 (8)**

1. Corporation Name  
**PHYSICIANS' COLLECTION BUREAU, INC.**



Principal Place of Business: **% JACOBSON & ASSOCIATES  
3363 SHERIDAN ST., STE. 204  
HOLLYWOOD FL 33021**

Mailing Address: **% JACOBSON & ASSOCIATES  
3363 SHERIDAN ST., STE. 204  
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **10/04/1988**      3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0079684**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ] Suite, Apt. #, etc.: 22 [ ] City & State: 23 [ ] Zip: 24 [ ] Country: 25 [ ]

2a. Mailing Address: 26 [ ] Suite, Apt. #, etc.: 27 [ ] City & State: 28 [ ] Zip: 29 [ ] Country: 30 [ ]

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JACOBSON, JAMES CARY  
3363 SHERIDAN STREET, #204  
HOLLYWOOD FL 33021**

81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]      85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0812 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of record 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 consent to the obligations of Section 607.0805, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: [ ]

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, PHILIP M.D.</b>	
STREET ADDRESS	<b>C/O 3363 SHERIDAN ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ROVERE, RICHARD</b>	
STREET ADDRESS	<b>C/O 3363 SHERIDAN ST.</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
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		

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	

**400001786484**  
**-04/19/96--01009--009**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this form 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 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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Philip Levin**

4/12/96 (954) 467-6400  
50-4-18-96

CR2E034 (12/95)