

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K36390 (8)**  
 1. Corporation Name  
**PHYSICIANS' COLLECTION BUREAU, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% JACOBSON &amp; ASSOCIATES</b> <b>3363 SHERIDAN ST., STE. 204</b> <b>HOLLYWOOD FL 33021</b>	Mailing Address <b>% JACOBSON &amp; ASSOCIATES</b> <b>3363 SHERIDAN ST., STE. 204</b> <b>HOLLYWOOD FL 33021</b>
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3. Date Incorporated or Qualified  
**10/04/1988**

2. Principal Place of Business <b>21 8251 W. Broward Blvd</b> Suite, Apt. #, etc. <b>22 Suite 401</b> City & State <b>23 Plantation, FL</b> Zip Country <b>24 33324 25</b>	2a. Mailing Address <b>26 P.O. Box 19359</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Plantation, FL</b> Zip Country <b>29 33310 30</b>
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4. FEI Number  
**65-0079684**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**JACOBSON, JAMES CARY**  
**3363 SHERIDAN STREET, #204**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name <b>James Cary Jacobson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8251 W. Broward Blvd</b>
83 Suite, Apt. #, etc. <b>Suite 401</b>
84 City <b>Plantation</b>
85 State <b>FL</b>
86 Zip Code <b>33324</b>

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

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

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: \_\_\_\_\_ DATE: **4/21/98 (954) 917-1417**

CR2E034 (10/97)