

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90036 034 \*\*\*150.00

0315915

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # K36390

1. Corporation Name  
PHYSICIANS' COLLECTION BUREAU, INC.

Principal Place of Business  
8251 W BROWARD BLVD  
STE 401  
PLANTATION FL 33324  
US

Mailing Address  
P O BOX 19359  
PLANTATION FL 33318  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 4601 Sheridan Street  
Suite, Apt. #, etc.  
22 Suite 400  
City & State  
23 Hollywood, FL  
Zip  
24 33021 Country  
25 US

2a. Mailing Address  
26 4601 Sheridan Street  
Suite, Apt. #, etc.  
27 Suite 400  
City & State  
28 Hollywood, FL  
Zip  
29 33021 Country  
30 US

3. Date Incorporated or Qualified  
10/04/1988

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
JACOBSON, JAMES CARY  
8251 W BROWARD BLVD  
STE 401  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
James Cary Jacobson  
82 Street Address (P.O. Box Number is Not Acceptable)  
6950 Cypress Road, Suite 207  
83  
84 City  
Plantation, FL 85 Zip Code  
33317

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	DP	<input type="checkbox"/> DELETE
NAME	LEVIN, PHILIP M.D.	
STREET ADDRESS	C/O 3363 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROVERE, RICHARD	
STREET ADDRESS	C/O 3363 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Levin, Philip MD	
1.3 STREET ADDRESS	16100 Via Monteverde	
1.4 CITY-ST-ZIP	Delray Beach FL 33446-2365	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shulman Peter MD	
2.3 STREET ADDRESS	4601 Sheridan St Suite 400	
2.4 CITY-ST-ZIP	Hollywood FL 33021	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shulman, Peter MD	
3.3 STREET ADDRESS	3237 S Port Royal Dr # G	
3.4 CITY-ST-ZIP	FT Lauderdale FL 33308	
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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Philip Levin, MD 4/23/99 (954) 967-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)