

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 038 ***150.00

DOCUMENT # K36390

1. Entity Name

PHYSICIANS' COLLECTION BUREAU, INC.

Principal Place of Business

Mailing Address

4601 SHERIDAN ST.
 STE 400
 HOLLYWOOD FL 33021
 US

4601 SHERIDAN ST.
 STE 400
 HOLLYWOOD FL 33021-3435
 US

2. Principal Place of Business

3. Mailing Address

4620 N State Rd 7

4620 N State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg H suite 316

Bldg H suite 316

City & State

City & State

Lauderdale Lakes FL

Lauderdale Lakes

Zip

Country

Zip

Country

33319

US

33319

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0079684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, JAMES CARY
 6950 CYPRESS RD.
 STE 207
 PLANTATION FL 33324

Name

Gerson Preston

Street Address (P.O. Box Number is Not Acceptable)

1616 71st Street

City

Miami Beach

FL

Zip Code

33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, PHILIP M.D.	NAME	
STREET ADDRESS	16100 VIA MONTEVERDE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 38446-2365	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVERE, RICHARD	NAME	
STREET ADDRESS	C/O 3363 SHERIDAN ST.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, PETER MD	NAME	
STREET ADDRESS	3237 S. PORT ROYAL DR. # G	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)