


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # K36390 1. Entity Name PHYSICIANS' COLLECTION BUREAU, INC.	
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Principal Place of Business 4620 N STATE RD 7 BLDG H, STE 316 LAUDERDALE LAKES, FL 33319 US	Mailing Address 4620 N STATE RD 7 BLDG H, STE 316 LAUDERDALE LAKES, FL 33319 US
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0079684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERSON, PRESTON, ROBINSON, INC.
 666 71ST STREET
 MIAMI, FL 33141

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVIN, PHILIP M.D. 16100 VIA MONTEVERDE DELRAY BEACH, FL 384462365
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHULMAN, PETER MD 3200 N OCEAN BLVD APT 1802 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80061-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Philip Levin* 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #