

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91340 002 ***150.00

DOCUMENT # F00000004871

1. Entity Name

PHYSICIANLOANS CORP.

Principal Place of Business

**6797 NORTH HIGH ST., STE 211
 WORTHINGTON OH 43085**

Mailing Address

**6797 NORTH HIGH ST., STE 211
 WORTHINGTON OH 43085**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1405179

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **FRANK, SARAH**
 CITY-ST-ZIP **6797 NORTH HIGH ST., STE 211
 WORTHINGTON OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VSTD**
 STREET ADDRESS **FRANK, MOSHE**
 CITY-ST-ZIP **6797 NORTH HIGH ST., STE 211
 WORTHINGTON OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **FRANK, TAL**
 CITY-ST-ZIP **6797 N. HIGH ST STE., #211
 COLUMBUS OH 43085**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

Roske *Frank* *1/V.P/Secretary* *5/6/02* *614-436-0127*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (9/01)

Attachment # F00000004871/668949

Form **7004**

(Rev. October 2000)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation

Employer identification number

TOWER MORTGAGE CORPORATION, INC.**31-1405179**

Number, street, and room or suite no. (if a P.O. box or outside the United States, see instructions.)

841 STRAWBERRY HILL ROAD EAST

City or town, state, and ZIP code

COLUMBUS, OH 43213

Check type of return to be filed:

☐ Form 990-C☐ Form 1120-FSC☐ Form 1120-PC☒ Form 1120S☐ Form 1120☐ Form 1120-H☐ Form 1120-POL☐ Form 1120-SF☐ Form 1120-A☐ Form 1120-L☐ Form 1120-REIT☐ Form 1120-F☐ Form 1120-ND☐ Form 1120-RIC• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the
United States ☐**1 Request for Automatic Extension (see instructions)****a Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of timeuntil **SEPTEMBER 16, 2002**, to file the income tax return of the corporation named above for ☒ calendaryear **2001** or ☐ tax year beginning _____, and ending _____**b Short tax year.** If this tax year is for less than 12 months, check reason:☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed**2 Affiliated group members (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax**3****0.****4 Payments and refundable credits:****a** Overpayment credited from prior year**4a****b** Estimated tax payments for the tax year**4b****c** Less refund for the tax year**4c**

applied for on Form 4466

Bal

4d**e** Credit for tax paid on undistributed capital gains (Form 2439)**4e****f** Credit for Federal tax on fuels (Form 4136)**4f****5 Total.** Add lines 4d through 4f**5****0.****6 Balance due.** Subtract line 5 from line 3. Deposit this amount using the Electronic Federal

Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon

6**0.**

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)

JWA For Paperwork Reduction Act Notice, see Instructions.

Form 7004 (Rev. 10-2000)