

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-01-1999 90036 034 ***150.00

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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

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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
LEVIN, PHILIP M.D.
STREET ADDRESS C/O 3363 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ DELETE

NAME DST
ROVERE, RICHARD
STREET ADDRESS C/O 3363 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
Levin, Philip MD
1.3 STREET ADDRESS 16100 Via Monteverde
1.4 CITY-ST-ZIP Delray Beach FL 33446-2365

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME DST
Shulman, Peter MD
2.3 STREET ADDRESS 4601 Sheridan St Suite 400
2.4 CITY-ST-ZIP Hollywood FL 33021

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DST
Shulman, Peter MD
3.3 STREET ADDRESS 3237 S Port Royal Dr #6
3.4 CITY-ST-ZIP FT Lauderdale FL 33308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (1/98)