

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36390

1. Entity Name

PHYSICIANS' COLLECTION BUREAU, INC.

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

05-12-2000 90041 038 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4620 N State Rd 7 Suite, Apt. #, etc. Bldg H suite 316 City & State Lauderdale Lakes FL Zip 33319 Country US	4620 N State Rd 7 Suite, Apt. #, etc. Bldg H suite 316 City & State Lauderdale Lakes Zip 33319 Country U.S.

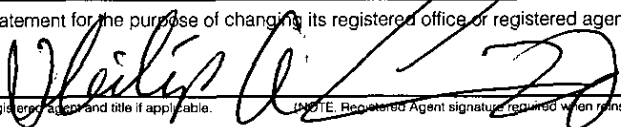
4. FEI Number	Applied For
65-0079684	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
JACOBSON, JAMES CARY 6950 CYPRESS RD. STE 207 PLANTATION FL 33324

7. Name and Address of New Registered Agent
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  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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVIN, PHILIP M.D. 16100 VIA MONTEVERDE DELRAY BEACH FL 38446-2365 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROVERE, RICHARD C/O 3363 SHERIDAN ST. HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHULMAN, PETER MD 3237 S. PORT ROYAL DR. # G FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)