FILED Jun 03, 2002 8:00 am Secretary of State

05-02-2002 90156 041 ***150 00

	BUSINESS NEPUNI (UB	<u>,</u>		
DOCUMENT # K	K36390			
PHYSICIANS' COLLECTION	BUREAU, INC.			
Principal Place of Business	Mailing Address			
4620 N STATE RD 7	4620 N STATE RD 7	,		
BLDG H, STE 316 LAUDERDALE LAKES FL 33319	BLDG H. STE 316 LAUDERDALE LAKES FL 33319			
US	US			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Nur		
75- T Co	7			

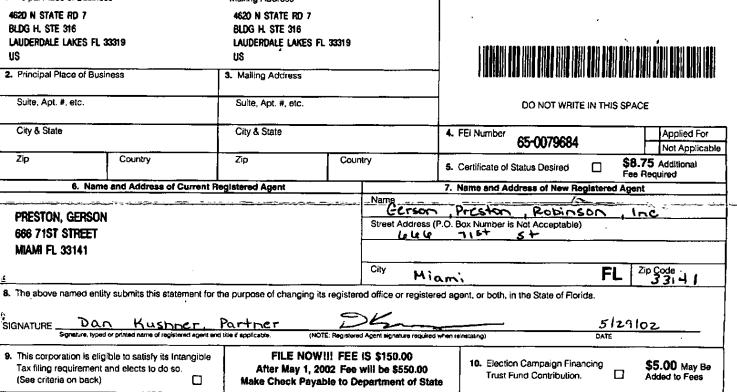
Partner

6. Name and Address of Current Registered Agent

PRESTON, GERSON

666 71ST STREET **MIAMI FL 33141**

SIGNATURE



Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. rie on back)	After May 1, 2002	Fee will be \$550.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution.	□ \$5.0 □ Adde	00 May Be od to Fees	
11. OFFICERS AND DIRECTORS		12,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	DP Levin, Philip M.D. 16100 via Monteverde Delray Beach Fl 38446-2365	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHULMAN, PETER MD 3237 S. PORT ROYAL DR. # G FT. LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

City

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 air other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4181a

954-967-6400

CR2E034 (9/01)

Daytime Phone #