

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

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

05-02-2002 90156 041 ***150.00

DOCUMENT # K36390

1. Entity Name

PHYSICIANS' COLLECTION BUREAU, INC.

Principal Place of Business

Mailing Address

4620 N STATE RD 7
 BLDG H, STE 316
 LAUDERDALE LAKES FL 33319
 US

4620 N STATE RD 7
 BLDG H, STE 316
 LAUDERDALE LAKES FL 33319
 US

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

65-0079684

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

PRESTON, GERSON
666 71ST STREET
MIAMI FL 33141

Name **Gerson, Preston, Robinson, Inc**
 Street Address (P.O. Box Number is Not Acceptable)
666 71st St
 City **Miami** 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 **Dan Kushner, Partner**

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

(NOTE: Registered Agent signature required when reinstating)

5/29/02

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 **DP** ☐ Delete
 NAME **LEVIN, PHILIP M.D.**
 STREET ADDRESS **16100 VIA MONTEVERDE**
 CITY-ST-ZIP **DELRAY BEACH FL 38446-2365**

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

TITLE **DST** ☐ Delete
 NAME **SHULMAN, PETER MD**
 STREET ADDRESS **3237 S. PORT ROYAL DR. # G**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Levin

4/8/02

Date

954-967-6400

Daytime Phone #

CR2E034 (9/01)