

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # K36390

1. Entity Name
PHYSICIANS' COLLECTION BUREAU, INC.



Principal Place of Business

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

Mailing Address

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



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0079684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GERSON, PRESTON, ROBINSON, INC.
666 71ST STREET
MIAMI, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVIN, PHILIP M.D.
STREET ADDRESS	16100 VIA MONTEVERDE
CITY-ST-ZIP	DELRAY BEACH, FL 384462365
TITLE	DST
NAME	SHULMAN, PETER MD
STREET ADDRESS	3200 N OCEAN BLVD APT 1802
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06

954-967-6400