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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K48377** (1)

1. Corporation Name
MEDICAL BUREAU FOR COLLECTIONS, INC.



Principal Place of Business 4516 N ARMENIA AVE TAMPA FL 33603	Mailing Address 4516 N ARMENIA AVE TAMPA FL 33603-2732
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3. Date Incorporated or Qualified 11/29/1988	3a. Date of Last Report 05/29/1996
4. FEI Number 59-2924585	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**YOUNGER, JEFF
4516 N. ARMENIA AVE
TAMPA FL 33603**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD WESTERFIELD, JERRY 4516 N. ARMENIA AVE TAMPA FL	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD SHAW, MICHAEL 4516 N. ARMENIA AVE TAMPA FL	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD ENGLEMAN, ELAINE 4516 N. ARMENIA AVE TAMPA FL	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD ISBELL, ROBERT G. 4516 N. ARMENIA AVE TAMPA FL	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD MCDONALD, EUGENE J 4516 N. ARMENIA AVE. TAMPA FL	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE

Jeff Younger

CR2E034 (9/96)

Medical Bureau for Collections, Inc.

PD

Charles A. Stern, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Robert G. Isbell, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Jerry D. Westerfield, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Eugene J. McDonald, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

James M. Quigley, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Steven A. Ferzoco, M.D.
4516 N. Armenia
Tampa, FL 33603

Secretary/Treasurer

Michael C. Shaw, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Steven M. Mandel, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Elaine D. Engelman, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

John F. Rasmussen, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

James S. Hanner, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Gary M. Smith, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

George P. Shaughnessy, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Matthew H. Berlet, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Stephen J. Kennedy, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Daniel Bodor, M.D.
4516 N. Armenia
Tampa, FL 33603

VPD

Timothy A. Bonsack, M.D.
4516 N. Armenia
Tampa, FL 33603