2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED I

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # K48377 1. Entity Name 04-16-2002 90128 019 ***150.00 MEDICAL BUREAU FOR COLLECTIONS, INC. Principal Place of Business Mailing Address 4516 N ARMENIA AVE 4516 N ARMENIA AVE TAMPA FL 33603 TAMPA FL 33603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2924585 Not Applicable Country Zip -Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNGER, JEFF Street Address (P.O. Box Number is Not Acceptable) 4516 N. ARMENIA AVE TAMPA FL 33603 City Zip Code FL 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Change ☐ Addition TITLE Delete WESTERFIELD, JERRY NAME NAME 4516 N. ARMENIA AVE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE STD ☐ Delete NAME NAME SHAW, MICHAEL STREET ADDRESS 4516 N. ARMENIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Delete Addition TITLE **VPD** TITLE NAME -ENGLEMAN: ELAINE NAME STREET ADDRESS STREET ADDRESS 4516 N. ARMENIA AVE CITY-ST-7IP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone #

Affachment 830232 # K48377

Medical Bureau for Collections, Inc. Officers and Directors at 03/31/02

President/Director Shaw, Michael C. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Rasmussen, John F. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Bonsack, Timothy 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Carter, Sion M.D. 4516 N. Armenia Avenue Tampa, FL 33603

Sec./Treas./Director Mandel, Steven M. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Babin, David 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Engelman, Elaine D. 4516 N. Armenia Avenue Tampa, FL 33603 V.P./Director Stern, Charles A. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Hanner, James S. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Smith, Gary M. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Berlet, Matthew H. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Shaughness, George P. 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Bodor, Daniel 4516 N. Armenia Avenue Tampa, FL 33603

V.P./Director Kennedy, Steven 4516 N. Armenia Avenue Tampa, FL 33603