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Jun 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071459 (9) ^{N/C} 11/18/96

1. Corporation Name

SOUTHEAST BILLING SERVICES, INC. Changed name to:
Professional Billing and Collection Services, Inc.

Principal Place of Business

Mailing Address

660 LINTON BLVD.
DELRAY BEACH FL 33444

660 LINTON BLVD.
DELRAY BEACH FL 33444-8148

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

08/12/1996

4. FEI Number

65-0523946

Applied For

Not Applicable

2. Principal Place of Business

21 631 US Highway One

2a. Mailing Address

26 631 US Highway One

Suite, Apt. #, etc.

22 Suite 205

Suite, Apt. #, etc.

27 Suite 205

City & State

23 North Palm Beach, FL

City & State

28 North Palm Beach, FL

Zip

24 33408

Country

25 U.S.A.

Zip

29 33408

Country

30 U.S.A.

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

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE
3511 W. COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

Singer, Michael S.

82 Street Address (P.O. Box Number is Not Acceptable)

701 Northpoint Parkway

83 Suite 330

84 City

West Palm Beach,

FL

85 Zip Code
33409

11. Pursuant to the provisions of Sections 607.0507 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

5/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS ROSEN, GREGG M
CITY-ST-ZIP 660 LINTON BLVD.
DELRAY BEACH FL 33444

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME 631 US Highway One, #205
1.3 STREET ADDRESS North Palm Beach, Florida 33408
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME 800002210948
6.3 STREET ADDRESS -06/13/97--01003--002
6.4 CITY-ST-ZIP ***165.00

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 on an attachment with an address.

SIGNATURE *[Signature]*

4/23/97

8/11/97

CR2E034 (9/96)