

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000142664

**Entity Name:** PB HEALTHCARE SERVICES, INC

**Current Principal Place of Business:**

50 CYPRESS POINT PKWY,  
STE #A3  
PALM COAST, FL 32164

**Current Mailing Address:**

50 CYPRESS POINT PKWY,  
STE #A3  
PALM COAST, FL 32164

**FEI Number:** 20-3645252

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DHARIWAL, BABAN  
50 CYPRESS POINT PKWY  
SUITE A3  
PALM COAST, FL 32164 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DHARIWAL, BABAN  
Address 50 CYPRESS POINT PKWY, SUITE A3  
City-State-Zip: PALM COAST FL 32164

Title VP  
Name MAHAL, PARMINDER S  
Address 50 CYPRESS POINT PKWY, SUITE A3  
City-State-Zip: PALM COAST FL 32164

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PARMINDER S MAHAL

**MGR**

**03/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date