

2015 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 MAHAL

VP

03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date