

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000045503

Entity Name: PBC PLUS LLC**Current Principal Place of Business:**7593 W. BOYNTON BEACH BLVD
220
BOYNTON BEACH, FL 33437**Current Mailing Address:**7593 W. BOYNTON BEACH BLVD
SUITE 220
BOYNTON BEACH, FL 33437 US**FEI Number:** 46-4788460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCHER, BEVERLY EXECUTIVE DIRECTOR
7593 W. BOYNTON BEACH BLVD
SUITE 220
BOYNTON BEACH, FL 33437 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:** BEVERLY ARCHER

01/30/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name LIRA, CARLOS M.D.
Address 7593 W. BOYNTON BEACH BLVD
 220
City-State-Zip: BOYNTON BEACH FL 33437

Title MEDICAL DIRECTOR
Name WEINER, ERIC M.D.
Address 7593 W. BOYNTON BEACH BLVD
 220
City-State-Zip: BOYNTON BEACH FL 33437

Title VP
Name KRASNER, STEPHEN M.D.
Address 7593 W. BOYNTON BEACH BLVD
 220
City-State-Zip: BOYNTON BEACH FL 33437

Title CEO
Name WATERS, CASEY P
Address 7593 W. BOYNTON BEACH BLVD
 220
City-State-Zip: BOYNTON BEACH FL 33437

Title COO
Name HAJEK, FRANK
Address 7593 W. BOYNTON BEACH BLVD
 220
City-State-Zip: BOYNTON BEACH FL 33437

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CASEY WATERS

CEO

01/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date