

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000045503

**Entity Name:** PBC PLUS LLC

**Current Principal Place of Business:**

5401 SO CONGRESS  
201  
ATLANTIS, FL 33462

**Current Mailing Address:**

1732 SO CONGRESS  
194  
ATLANTIS, FL 33461 US

**FEI Number:** 46-4788460

**Certificate of Status Desired:** No

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

ARCHER, BEVERLY EXECUTIVE DIRECTOR  
5401 SO CONGRESS  
201  
ATLANTIS, FL 33462 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

04/13/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            LIRA, CARLOS M.D.  
Address        5401 SO CONGRESS  
                  201  
City-State-Zip: ATLANTIS FL 33462

Title            MEDICAL DIRECTOR  
Name            WEINER, ERIC M.D.  
Address        5401 SO CONGRESS  
                  201  
City-State-Zip: ATLANTIS FL 33462

Title            VP  
Name            KRASNER, STEPHEN M.D.  
Address        5401 SO CONGRESS  
                  201  
City-State-Zip: ATLANTIS FL 33462

Title            CEO  
Name            WATERS, CASEY P  
Address        5401 SO CONGRESS  
                  201  
City-State-Zip: ATLANTIS FL 33462

Title            COO  
Name            HAJEK, FRANK  
Address        5401 SO CONGRESS  
                  201  
City-State-Zip: ATLANTIS FL 33462

*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

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date