

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083737

FILED
Mar 02, 2010
Secretary of State

Entity Name: PBP HOLDINGS, LLC

Current Principal Place of Business:

300 BUTLER STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2013 PONCE DE LEON AVENUE
WEST PALM BEACH, FL 33407

Current Mailing Address:

300 BUTLER STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

2013 PONCE DE LEON AVENUE
WEST PALM BEACH, FL 33407

FEI Number: 59-2261344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ASHLEY, NORMA J
PBP HOLDINGS, LLC
300 BUTLER STREET
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

ASHLEY, NORMA J
PBP HOLDINGS, LLC
2013 PONCE DE LEON AVENUE
WEST PALM BEACH, FL 33407 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:

03/02/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D
Name: SARA, ALAN S M.D.
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: ABIS, DAVID M.D.
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: LOFTON, STEVEN A M.D.
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: COVE, HARVEY M.D.
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: BOLTON, THOMAS A M.D.
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: WEISS, GARY A M.D.
Address: 2013 PONCE DE LEON AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVID ABIS, M.D.

D

03/02/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date