2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083737

Entity Name: PBP HOLDINGS, LLC

FILED Mar 01, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2013 PONCE DE LEON AVENUE WEST PALM BEACH, FL 33407

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: 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:

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:

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

Title:

Name: COVE, HARVEY M.D.

Address: 2013 PONCE DE LEON AVENUE City-St-Zip: WEST PALM BEACH, FL 33407

Title:

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

Title: [

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 Statues.

SIGNATURE: DAVID ABIS M.D 03/01/2011