

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083737

Entity Name: PBP HOLDINGS, LLC

FILED  
Apr 10, 2012  
Secretary of State

## Current Principal Place of Business:

2013 PONCE DE LEON AVENUE  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

300 BUTLER STREET  
WEST PALM BEACH, FL 33407

## Current Mailing Address:

2013 PONCE DE LEON AVENUE  
WEST PALM BEACH, FL 33407

## New Mailing Address:

PO BOX 4454  
WEST PALM BEACH, FL 334024454 US

FEI Number: 59-2261344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ASHLEY, NORMA J  
PBP HOLDINGS, LLC  
300 BUTLER STREET  
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:

04/10/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: D  
Name: SARA, ALAN S M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: ABIS, DAVID M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: LOFTON, STEVEN  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: COVE, HARVEY M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: BOLTON, THOMAS A M.D.  
Address: 300 BUTLER STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: WEISS, GARY A M.D.  
Address: 300 BUTLER STREET  
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.

04/10/2012

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