2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2011
Secretary of State

DOCUMENT# L10000106634

Entity Name: PB HEALTHCARE SVCS II, LLC

Current Principal Place of Business:

50 CYPRESS POINT PKWY
SUITE A3
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

50 CYPRESS POINT PKWY
SUITE A3
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 27-3650151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PB HEALTHCARE SVCS, INC
50 CYPRESS POINT PKWY
SUITE A3
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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: MGR
Name: SINGH, PARMINDER MD
Address: 50 CYPRESS POINT PKWY, SUITE A3
City-St-Zip: PALM COAST, FL 32164

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: PARMINDER SINGH MGR 09/15/2011

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