

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106634

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**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: MAHAL, PARMINDER S 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 Statutes.

SIGNATURE: PARMINDER S MAHAL

MGR

04/29/2012

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