

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003962

FILED
Apr 30, 2009
Secretary of State

Entity Name: PBCOGS, INC.

Current Principal Place of Business:

1515 N. FLAGLER DR
SUITE 700
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

1515 N. FLAGLER DR
SUITE 700
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

4631 N. CONGRESS AVENUE
SUITE 110
WEST PALM BEACH, FL 33407 US

New Mailing Address:

4631 N. CONGRESS AVENUE
SUITE 110
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0682960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REILLY, ROBERTA MD
1515 N. FLAGLER DR
SUITE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HAKKARAINEN, GLORIA MD
4631 N. CONGRESS AVENUE
SUITE 110
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: GLORIA HAKKARAINEN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAUKEIN, GLORIA MD
Address: 4671 S CONGRESS
City-St-Zip: WEST PALM BEACH, FL 33461 US

Title: PP () Delete
Name: REILLY, ROBERTA
Address: 1515 FLAGLER #700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SEC () Delete
Name: KOTZEN, JEFFERY MD
Address: 200 BUTLER STREET STE 303
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KOTZEN, JEFF MD
Address: 200 BUTLER STREET #303
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: SEC (X) Change () Addition
Name: SEVALD, LORI
Address: 4671 S. CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33461

Title: TREA (X) Change () Addition
Name: CAVALARIS, JOY MD
Address: 4671 S. CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA HAKKARAINEN

PPRS

04/30/2009

Electronic Signature of Signing Officer or Director

Date