

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000003962

FILED
Sep 30, 2010
Secretary of State

Entity Name: PBCOGS, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

200 BUTLER STREET
SUITE 303
WEST PALM BEACH, FL 33407 US

New Mailing Address:

200 BUTLER STREET
SUITE 303
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:

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

Name and Address of New Registered Agent:

KOTZEN, JEFFREY H MD
200 BUTLER STREET
SUITE 303
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: JEFFREY H. KOTZEN, M.D.

09/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY H. KOTZEN, M.D.

PRES

09/30/2010

Electronic Signature of Signing Officer or Director

Date