
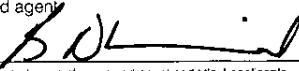
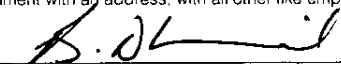


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000142664				FILED 07 FEB 12 PM 1:26 CLERK OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PB HEALTHCARE SERVICES, INC					
Principal Place of Business 19335 REYNOLDS PARKWAY ORLANDO, FL 32833		Mailing Address 19335 REYNOLDS PARKWAY ORLANDO, FL 32833			
2. Principal Place of Business - No P.O. Box # PB HealthCare Services		3. Mailing Address PB Health Care Services			
Suite, Apt. #, etc. 7 old Kings Rd ste #10		Suite, Apt. #, etc. 7 old Kings Rd ste #10			
City & State Palm Coast, Florida		City & State Palm Coast, FL			
Zip 32137		Country U.S.A		4. FEI Number 203645252	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DHARIWAL, BABAN 19335 REYNOLDS PARKWAY ORLANDO, FL 32833				7. Name and Address of New Registered Agent Name BABAN DHARIWAL Street Address (P.O. Box Number is Not Acceptable) 7 old Kings Rd ste #10 Palm Coast, FL City FL Zip Code 32137	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  1/22/07 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DHARIWAL, BABAN 19335 REYNOLDS PARKWAY ORLANDO, FL 32833	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB HealthCare Services 7 old Kings Rd ste #10 Palm Coast, FL, 32137
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGH, PARMINDER 19335 REYNOLDS PARKWAY ORLANDO, FL 32833	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB HealthCare Services 7 old Kings Rd ste #10 Palm Coast, FL, 32137
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600088462916 02/16/07--01004--011 **300.00
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  1/22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				386-445-0977 Date Daytime Phone #	