2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2010
Secretary of State

DOCUMENT# P05000142664

Entity Name: PB HEALTHCARE SERVICES, INC

Current Principal Place of Business:

50 CYPRESS POINT PKWY,
STE #A3
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

50 CYPRESS POINT PKWY,
STE #A3
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 20-3645252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DHARIWAL, BABAN
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

OFFICERS AND DIRECTORS:

Title: P
Name: DHARIWAL, BABAN
Address: 50 CYPRESS POINT PKWY, SUITE A3
City-St-Zip: PALM COAST, FL 32164

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PARMINDER SINGH VP 09/15/2010

Electronic Signature of Signing Officer or Director — Date