

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048503

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: PBD&P, INC.

## Current Principal Place of Business:

470 COLUMBIA DRIVE  
SUITE 102-A  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

4475 MEDICAL CENTER WAY  
SUITE 1  
WEST PALM BEACH, FL 33407

## Current Mailing Address:

470 COLUMBIA DRIVE  
SUITE 102-A  
WEST PALM BEACH, FL 33409

## New Mailing Address:

4475 MEDICAL CENTER WAY  
SUITE 1  
WEST PALM BEACH, FL 33407

FEI Number: 65-0846826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARRELL, JAMES A  
250 AUSTRALIAN AVE SO STE 500 W  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

FARRELL, JAMES A  
1100 CITYPLACE TOWER, 525 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33401 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:

01/06/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T  
Name: ROSENBERG, STEVEN P  
Address: 4475 MEDICAL CENTER WAY, STE. 1  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P  
Name: SOKOLOFF, DANIEL O  
Address: 4475 MEDICAL CENTER WAY, STE. 1  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T/S  
Name: FAYNE, SCOTT  
Address: 4475 MEDICAL CENTER WAY, STE. 1  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: DIBACCO, ROBERT S  
Address: 4475 MEDICAL CENTER WAY, STE. 1  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: SMITH, ARTHUR F  
Address: 4475 MEDICAL CENTER WAY, STE. 1  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P  
Name: ZWECKER, WARREN S  
Address: 4475 MEDICAL CENTER WAY, STE. 1  
City-St-Zip: WEST PALM BEACH, FL 33407

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: DANIEL O. SOKOLOFF

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date