2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2016
Secretary of State
CC3825878647

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Entity Name: PHYSICIANS IMMEDIATE CARE ST LUCIE WEST, LLC

Current Principal Place of Business:

1730 SW ST LUCIE BLVD
PORT ST LUCIE, FL 34986

Current Mailing Address:

1730 SW ST LUCIE BLVD
PORT ST LUCIE, FL 34986

FEI Number: 46-2967621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELOACH, REBECCA
4007 SW PORT ST LUCIE BLVD
UNIT 11
PORT ST LUCIE, FL 34953 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: REBECCA DELOACH 04/25/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PALESTRANT, KENNETH J	Name	PALESTRANT, GABRIELLA
Address	4007 SW PORT ST LUCIE BLVD	Address	2012 SE KILMALLIE COURT
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE BLVD FL 34952

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH PALESTRANT MGRM 04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date