

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000033381

Entity Name: PAAR-PIC, LLC

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

804 SE PORTAGE AVENUE  
PORT ST. LUCIE, FL 34984 US

**New Principal Place of Business:**

4007 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953 US

**Current Mailing Address:**

804 SE PORTAGE AVENUE  
PORT ST. LUCIE, FL 34984 US

**New Mailing Address:**

4007 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953 US

FEI Number: 02-0652328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALESTRANT, KENNETH J  
804 SE PORTAGE AVENUE  
PORT ST. LUCIE, FL 34984 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: KENNETH J PALESTRANT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PHYSICIANS IMMEDIATE CARE, INC.  
Address: 804 SE PORTAGE AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34984 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PHYSICIANS IMMEDIATE CARE

MGRM

11/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date