

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000125549

**Entity Name:** ST. LUCIE WEST PIC, LLC

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4007 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

4007 S.W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**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  
4007 S. W. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 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 PALESTRANT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PHYSICIANS IMMEDIATE CARE, INC.  
**Address:** 4007 S.W. PORT ST. LUCIE BLVD.  
**City-St-Zip:** ST. LUCIE, FL 34952 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:** KENNETH PALESTRANT

MGRM

10/03/2011

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