

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125549

Entity Name: ST. LUCIE WEST PIC, LLC

FILED
Apr 26, 2012
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: _____

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

04/26/2012

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