


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000122359 1. Entity Name PHYSICIANS IMMEDIATE CARE, INC.	
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Principal Place of Business 1900 S.E. PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952	Mailing Address 1900 S.E. PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0652328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALESTRANT, KENNETH M.D.
804 S.E. PORTGAGE AVENUE
PORT ST. LUCIE, FL 34984

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PALESTRANT, KENNETH J MD 804 SE PORTAGE AVE PORT ST LUCIE, FL 34984
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Palestrant 4/26/06 772-398-1588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #