

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P02000122359

1. Entity Name

PHYSICIANS IMMEDIATE CARE, INC.



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



04062007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0652328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

U000000700672
04/20/07-80025-022 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07

Date

772-398-1588

Daytime Phone #