

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000122359

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** PHYSICIANS IMMEDIATE CARE, INC.

**Current Principal Place of Business:**

1900 S.E. PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1900 S.E. PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

4007 S.W. PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**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 M.D.  
804 S.E. PORTGAGE 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PALESTRANT, KENNETH J MD  
Address: 804 SE PORTAGE AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KENNETH PALESTRANT

PRES

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date