2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# P02000122359

Entity Name: PHYSICIANS IMMEDIATE CARE, INC.

Current Principal Place of Business:

804 S.E. PORTGAGE AVENUE
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

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

Current Mailing Address:

804 S.E. PORTGAGE AVENUE
PORT ST. LUCIE, FL 34984

New Mailing Address:

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

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

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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH J. PALESTRANT, M.D. PRES 04/22/2003

Electronic Signature of Signing Officer or Director — Date