

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122359

Entity Name: PHYSICIANS IMMEDIATE CARE, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 02-0652328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELOACH, REBECCA
4007 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953 US

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: REBECCA DELOACH

07/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name PALESTRANT, KENNETH JMD
Address 4007 SW PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34953

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

07/30/2015

Electronic Signature of Signing Officer/Director Detail

Date