



CITY OF FORT PIERCE

PLANNING DEPARTMENT

COMPREHENSIVE PLANNING ◊ DEVELOPMENT REVIEW
HISTORIC PRESERVATION ◊ URBAN DESIGN ◊ URBAN FORESTRY ◊ ZONING

APPLICATION FOR CONCEPTUAL DEVELOPMENT PLAN

Project Name: Pro Team Med

1. Project description for which conceptual approval is requested. Proposed _____ sq ft.
detox recovery facility.

2. Property Tax ID # 2427-601-0051-000-4

3. Property address S. US Highway 1, Fort Pierce, FL

4. Zoning district R4 5. Future Land Use GC 6. Total Acreage 2.49

7. Building Height(s) _____ 8. Building (S.F.) _____ 9. Dwelling Units _____

10. Historic District (Y/N) _____ 11. Lot Coverage (S.F.) _____

12. Name of Owner(s): Pro Team Med LLC

Signature of owner(s): [Signature]

Mailing Address: 2015 31st Avenue

(City) Vero Beach (State) FL (zip) 32960

Phone # 772-978-1143

13. Name of Applicant: Same as owner

Signature of Applicant: _____

Mailing Address: _____

(City) _____ (State) _____ (zip) _____

Phone # _____

14. Name of Representative: Atlantic Design Group of Florida

Signature of Representative: _____

Mailing Address: 469 NW Prima Vista Blvd

(City) Port St. Lucie (State) FL (zip) 34983

Phone # 772-340-4990 Fax # 772-340-7996

E-mail: brado@atlanticdesigngroup.com

15. **Property Owners Acknowledgements:** - This application will not be considered complete without the signature of all property owners of record, which shall serve as an acknowledgement of the submission of this application. The property owner's signature below shall also authorize the Applicant (if other than the property owner) and/or Representative to act in his/her behalf for the purposes of seeking approval of the conceptual development plan as described herein.

Robin A. Lloyd, Sr. *As Manager of* 772-294-5520
 Property Owner's Name (Please Print) Phone
 5089 Highway A1A, Suite 100, Vero Beach FL 32963
 Address State Zip
[Signature] 5/14/15
 Property Owner's Signature Date

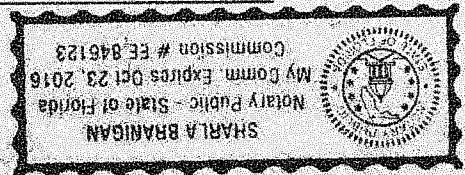
STATE OF FLORIDA
ST. LUCIE COUNTY

Indian River (CB)

The foregoing instrument was acknowledged before me this 14th day of May, 2015, by Robin A. Lloyd, Sr. who is personally known to me or has produced _____ as identification.

Sharla Brangan
Signature of Notary

(seal)



Application submission shall include the following:

- **TRC** (*Initial Submission): One (1) original and (9) paper copies of the application and support documents and provide one (1) electronic copy of the application packet as described below.
- **Planning Board:** One (1) original and (12) paper copies of the application and support documents and provide one (1) electronic copy of the application packet as described below.
- **City Commission:** One (1) original and (5) paper copies of the application and support documents and provide one (1) electronic copy of the application packet as described below.

In addition to a complete application, packets shall include:

1. Conceptual Development Plan with layout of the proposed development;
2. Statement describing in detail the character and intended use;
3. Statement bearing on the ownership and control of the proposed use.

An Intake Review Meeting will be required before any submittals are accepted

To be completed by the City of Fort Pierce	
Date Received _____	By _____
Fee: _____	Receipt: _____

Pro Team Med, LLC
5089 Hwy A1A, Suite 100
Vero Beach, FL 32963

AGENT CONSENT FORM

Project Name: Pro Team Med

BEFORE ME THIS DAY PERSONALLY APPEARED ROBIN A. LLOYD SR.,
WHO BEING DULY SWORN, DEPOSES AND SAYS THE FOLLOWING:

I hereby give CONSENT to Engineering Design & Construction, Inc. / Bradley J. Currie, AICP to act on my behalf, to submit or have submitted this application and all required material and documents, and to attend and represent me at all meetings and public hearings pertaining to, Pro Team Med, for the project indicated above. Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application for the proposed use of a residential development.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this 14th day of May, 2015, by Robin A. Lloyd Sr. (Name of Person Acknowledging) who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

Sharla Branigan
(Signature of Person Taking Acknowledgement)

Sharla Branigan
(Name of Acknowledger Typed, Printed or Stamped)

Notary Public
(Title or Rank)

EE 846123
(Serial Number, if any)

(Notary's Seal)

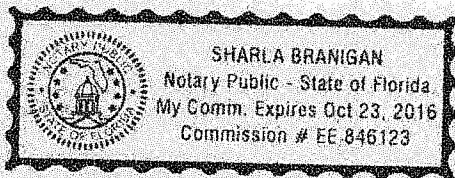
[Signature] AS
Owner's Signature MGR.

Robin A. Lloyd
Owner's Name (Print)

5089 HWY A1A, Ste. 100
Street Address

Vero Beach, FL 32963
City, State, Zip Code

(772) 234-5500
Telephone



2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000049149

Entity Name: PRO TEAM MED, LLC

Current Principal Place of Business:

5089 HWY A1A SUITE 100
VERO BEACH, FL 32963

Current Mailing Address:

5089 HWY A1A SUITE 100
VERO BEACH, FL 32963 US

FEI Number: 46-5229811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLOYD, ROBIN A SR
5089 HWY A1A SUITE 100
VERO BEACH, FL 32963 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:


Electronic Signature of Registered Agent

2/10/2015
Date

Authorized Person(s) Detail :

Title MGR
Name LLOYD, ROBIN A SR
Address 5089 HWY A1A SUITE 100
City-State-Zip: VERO BEACH FL 32963

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN A. LLOYD SR.

MGR

02/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date