

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091715

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL FITNESS CONCIERGE, INC.

**Current Principal Place of Business:**

206 LONE PINE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

508 LES JARDIN DRIVE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

206 LONE PINE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

508 LES JARDIN DRIVE  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 26-3532193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARCHELLETTA, KAREN S  
206 LONE PINE DRIVE  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

MARCHELLETTA, KAREN S  
508 LES JARDIN DRIVE  
PALM BEACH GARDENS, FL 33410 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

01/12/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MARCHELLETTA, KAREN S  
Address: 508 LES JARDIN DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KAREN MARCHELLETTA

MS

01/12/2011

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

\_\_\_\_\_  
Date