

**2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000080351

**Entity Name:** CONCIERGE NURSING CARE PALM BEACH, INC.

**Current Principal Place of Business:**

1801 NORTH FLAGLER DRIVE  
APT 314  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

1801 NORTH FLAGLER DRIVE  
APT 314  
WEST PALM BEACH, FL 33407

**FEI Number:** 20-2900067

**Certificate of Status Desired:** No

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

ZLATEV, PAVEL G  
1801 NORTH FLAGLER DRIVE  
314  
WEST PALM BEACH, FL 33407 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name ZLATEV, PAVEL G  
Address 1801 NORTH FLAGLER DRIVE  
APT.314  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** PAVEL G ZLATEV

**PRESIDENT**

**08/03/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date