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.

Ρ

SIGNATURE: PAVEL ZLATEV

E: PAVEL ZLATEV

Electronic Signature of Signing Officer/Director Detail

2024 FLORI	DA PROFIT CORP	PORATION ANNU	IAL 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

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

Officer/	Director	Detail :

••					
Title	Ρ	Title	CFO		
Name	ZLATEV, PAVEL G	Name	KOVACHEVA, MARIYA		
Address	1801 NORTH FLAGLER DRIVE APT.314	Address	1801 NORTH FLAGER DRIVE APT 314		
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407		

FILED Apr 26, 2024 Secretary of State 3918127698CC

Certificate of Status Desired: No

04/26/2024

Date