

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091715

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

**Current Principal Place of Business:**

2222 TRESANA BLVD #50  
JUPITER, FL 33478

**Current Mailing Address:**

222 TRESANA BLVD #50  
JUPITER, FL 33478 US

**FEI Number: 26-3532193**

**Certificate of Status Desired: Yes**

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

MARCHELLETTA, KAREN S  
2222 TRESANA BLVD #50  
JUPITER, FL 33478 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 MARCHELLETTA, KAREN S  
Address 2222 TRESANA BLVD #50  
City-State-Zip: JUPITER FL 33478

*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**

**REGISTERED CLINICAL      01/26/2014  
EXERCISE  
PHYSIOLOGIST**

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

\_\_\_\_\_ Date