

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091715

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

**Current Principal Place of Business:**

4903 MIDTOWN LANE  
APT.3314  
PALM BEACH GARDENS , FL 33418

**Current Mailing Address:**

4903 MIDTOWN LANE  
APT 33414  
PALM BEACH GARDENS , FL 33418 US

**FEI Number: 26-3532193**

**Certificate of Status Desired: Yes**

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

MARCHELLETTA, KAREN S  
4903 MIDTOWN LANE  
3314  
PALM BEACH GARDENS, FL 33418 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 4903 MIDTOWN! LANE  
APT 3314  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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**

**DIRECTOR OWNER**

**03/11/2018**

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

\_\_\_\_\_  
Date