

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000044282

Entity Name: CONCIERGE MEDICINE NETWORK INC.

Current Principal Place of Business:

2601 SOUTHWEST 37TH AVENUE
SUITE 705
MIAMI, FL 33133

Current Mailing Address:

2601 SOUTHWEST 37TH AVENUE
SUITE 705
MIAMI, FL 33133 US

FEI Number: 47-4037355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI, FL 33145 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	PD	Title	VSTD
Name	BUTLER, DAVID A	Name	BOWN, LYNNARA A
Address	2601 SOUTHWEST 37TH AVENUE SUITE 705	Address	2601 SOUTHWEST 37TH AVENUE SUITE 705
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

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: DAVID A BUTLER, DO

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date