

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000076654

**Entity Name:** CONCIERGE MEDICAL WELLNESS & AESTHETICS INC.

**Current Principal Place of Business:**

5889 S WILLIAMSON BLVD  
SUITE 1327  
PORT ORANGE, FL 32128

**Current Mailing Address:**

5889 S WILLIAMSON BLVD  
SUITE 1327  
PORT ORANGE, FL 32128 US

**FEI Number:** 82-2879867

**Certificate of Status Desired:** No

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

AJT CONSULTING LLC  
1500 BEVILLE RD  
SUITE 606  
DAYTONA BEACH, FL 32114 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 PANCURAK, SARA GRACE  
Address 2445 W GULF DR, A7  
City-State-Zip: SANIBEL FL 33957

Title VP  
Name WIBLE, AMY  
Address 1129 LAKE BALDWIN LN, APARTMENT  
116  
City-State-Zip: ORLANDO FL 32814

*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:** SARA GRACE PANCURAK

**PRESIDENT**

**04/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date