

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000089452

**Entity Name:** CONCIERGE CARE OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

21110 BISCAYNE BLVD STE 301  
AVENTURA, FL 33180

**Current Mailing Address:**

21110 BISCAYNE BLVD STE 301  
AVENTURA, FL 33180 US

**FEI Number:** 92-1357177

**Certificate of Status Desired:** No

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

ECHARTE, LUIS J  
21110 BISCAYNE BLVD STE 301  
AVENTURA, FL 33180 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 ECHARTE, LUIS J  
Address 21110 BISCAYNE BLVD STE 301  
City-State-Zip: AVENTURA FL 33180

*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:** LUIS ECHARTE

**MANAGER**

**05/07/2024**

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

\_\_\_\_\_  
Date