

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000250221

Entity Name: CONCIERGE MOBILE THERAPY, LLC**Current Principal Place of Business:**280 DUNDAS DRIVE
JACKSONVILLE, FL 32218**Current Mailing Address:**4655 SALISBURY RD
SUITE 110
JACKSONVILLE, FL 32256 US**FEI Number:** 85-2834596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, ROBERT G
4655 SALISBURY RD
SUITE 110
JACKSONVILLE, FL 32256 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**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER
Name CONCIERGE MOBILE THERAPY HOLDINGS, LLC
Address 4655 SALISBURY RD SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name FISHER, JEFFREY
Address 4655 SALISBURY RD SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title CEO
Name RUCKER, DAVID CHRISTOPHER
Address 4655 SALISBURY RD SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name YOUNG, ROBERT G
Address 4655 SALISBURY RD SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title CFO
Name THOMA, KERI A
Address 4655 SALISBURY RD SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT G. YOUNG**SECRETARY****04/22/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date