

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000142054

Entity Name: CONCIERGE MEDICINE, LLC

Current Principal Place of Business:

205 ZEAGLER DR
UNIT 501
PALATKA, FL 32177

Current Mailing Address:

PO BOX 330196
ATLANTIC BEACH, FL 32233

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAVI, S
1001 MAYPORT RD
330196
ATLANTIC BEACH, FL 32233 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: S RAVI

03/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	RAVI, SATISH	Name	RAVI, MALLESWARI
Address	PO BOX 330196	Address	PO BOX 330196
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	ATLANTIC BEACH FL 32233

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: SATISH RAVI

PRESIDENT

03/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date