

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000489618

Entity Name: CONCIERGE MENTAL HEALTH, PLLC

Current Principal Place of Business:

3912 W BAY VILLA AVE
TAMPA, FL 33611

Current Mailing Address:

3912 W BAY VILLA AVE
TAMPA, FL 33611 US

FEI Number: 92-1088219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 AMBR
Name SHELTON, FALLON P
Address 3912 W BAY VILLA AVE
City-State-Zip: TAMPA FL 33611

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: FALLON SHELTON

MS

03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date