

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088685

FILED
Feb 08, 2012
Secretary of State

Entity Name: CONCIERGE PLUS OF THE BOCA CLINIC, LLC

Current Principal Place of Business:

1601 CLINT MOORE ROAD STE 190
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1601 CLINT MOORE ROAD STE 190
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-8024516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACHLAS, NATHAN E
1601 CLINT MOORE ROAD STE 170
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BRITO, ROGELIO E MD
Address: 1601 CLINT MOORE ROAD STE 190
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: NACHLAS, NATHAN MD
Address: 1601 CLINT MOORE ROAD STE 190
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: WIDICK, MARK MD
Address: 1601 CLINT MOORE ROAD STE 190
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: KATZIN, ROY MD
Address: 1601 CLINT MOORE ROAD STE 190
City-St-Zip: BOCA RATON, FL 33487

Title: MGR
Name: SCHAJA, IAN MD
Address: 1601 CLINT MOORE ROAD STE 190
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: NATHAN E. NACHLAS

MGR

02/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date