2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2010
Secretary of State

DOCUMENT# P09000019173

Entity Name: CONCIERGE HEALTH, INC

Current Principal Place of Business:

12439 WESTFIELD LAKES CIRCLE
WINTER GARDEN, FL 34787

New Principal Place of Business:

2582 S. MAGUIRE RD.
207
OCOEE, FL 34761

Current Mailing Address:

12439 WESTFIELD LAKES CIRCLE
WINTER GARDEN, FL 34787

New Mailing Address:

2582 S. MAGUIRE RD.
207
OCOEE, FL 34761

FEI Number: 90-0484831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERICKSON, CARL L
12439 WESTFIELD LAKES CIRCLE
WINTER GARDEN, FL 34787 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO
Name: ERICKSON, CARL L
Address: 12439 WESTFIELD LAKES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: P
Name: TRIOLO, KRIS
Address: 911 N. ORANGE AVENUE #311
City-St-Zip: ORLANDO, FL 32801

Title: P
Name: DIAZ, RAY
Address: 1572 BAY CLUB RD.
City-St-Zip: OVIEDO, FL 32765

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: CARL ERICKSON CEO 02/19/2010

Electronic Signature of Signing Officer or Director — Date