

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P13000052500

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** COMPLETE HEALTHCARE CONCIERGE, INC.

**Current Principal Place of Business:**

12718 OAK RUN CT  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

1021 S. ROGERS CIRCLE  
6  
BOCA RATON, FL 33487

**Current Mailing Address:**

12718 OAK RUN CT  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

1021 S. ROGERS CIRCLE  
6  
BOCA RATON, FL 33487

**FEI Number:** 46-2989397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOLLARO, MARK L  
12718 OAK RUN CT  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

VOLLARO, MARK L  
1021 S. ROGERS CIRCLE  
BOCA RATON, FL 33487 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:** MARK VOLLARO

10/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** VOLLARO, MARK L  
**Address:** 1021 S. ROGERS CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** COO  
**Name:** FALEY, JASON T  
**Address:** 2817 SW 11TH PLACE  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

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:** MARK VOLLARO

CEO

10/06/2014

Electronic Signature of Signing Officer or Director

Date