

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080351

Entity Name: CONCIERGE NURSING CARE PALM BEACH, INC.

Current Principal Place of Business:

1801 NORTH FLAGLER DRIVE
APT 501
WEST PALM BEACH, FL 33407

Current Mailing Address:

1801 NORTH FLAGLER DRIVE
APT 501
WEST PALM BEACH, FL 33407 US

FEI Number: 20-2900067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZLATEV, PAVEL G
1801 NORTH FLAGLER DRIVE
APT 501
WEST PALM BEACH, FL 33407 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

Officer/Director Detail :

Title P
Name ZLATEV, PAVEL G
Address 1801 NORTH FLAGLER DRIVE
APT 501
City-State-Zip: WEST PALM BEACH FL 33407

Title CFO
Name KOVACHEVA, MARIYA
Address 1801 NORTH FLAGLER DRIVE
APT 501
City-State-Zip: WEST PALM BEACH FL 33407

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: PAVEL ZLATEV

P

03/21/2025

Electronic Signature of Signing Officer/Director Detail

Date