

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000015605

Entity Name: CONCIERGE HOME CARE OF OP, INC.**Current Principal Place of Business:**165 WELLS ROAD
SUITE 409
ORANGE PARK, FL 32073**Current Mailing Address:**6817 SOUTHPOINT PARKWAY
UNIT 5 SUITE 1503
JACKSONVILLE, FL 32216 US**FEI Number:** 26-2352121**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RALSTON, NANCY
6817 SOUTHPOINT PKWY
SUITE 1502
JACKSONVILLE, FL 32216 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	CEO/D
Name	MURPHY, LINDA
Address	165 WELLS ROAD SUITE 409
City-State-Zip:	ORANGE PARK FL 32073

Title	P/D
Name	RALSTON, NANCY G.
Address	165 WELLS ROAD SUITE 409
City-State-Zip:	ORANGE PARK FL 32073

Title	VP/D
Name	SPRIGGS, JAMES W. III
Address	165 WELLS ROAD SUITE 409
City-State-Zip:	ORANGE PARK FL 32073

Title	T/D
Name	YOUNG, ROBERT G.
Address	165 WELLS ROAD SUITE 409
City-State-Zip:	ORANGE PARK FL 32073

Title	S/D
Name	STIFTER, DAVID T.
Address	165 WELLS ROAD SUITE 409
City-State-Zip:	ORANGE PARK FL 32073

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: NANCY G. RALSTON**PRESIDENT****03/30/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date