

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000087672

**Entity Name:** CONCIERGE HEALTH SERVICES CORP

**Current Principal Place of Business:**

8410 N SHERMAN CIRCLE  
H401  
MIRAMAR, FL 33025

**Current Mailing Address:**

8410 N SHERMAN CIRCLE  
H401  
MIRAMAR, FL 33025 US

**FEI Number:** 87-3021471

**Certificate of Status Desired:** No

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

HERNANDEZ, YENLYS  
8410 N SHERMAN CIRCLE  
H401  
MIRAMAR, FL 33025 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/VP  
Name HERNANDEZ, YENLYS  
Address 8410 N SHERMAN CIRCLE  
H401  
City-State-Zip: MIRAMAR FL 33025

Title SEC  
Name HERNANDEZ, YENLYS  
Address 8410 N SHERMAN CIRCLE  
H401  
City-State-Zip: MIRAMAR FL 33025

Title TREA  
Name HERNANDEZ, YENLYS  
Address 8410 N SHERMAN CIRCLE  
H401  
City-State-Zip: MIRAMAR FL 33025

*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:** YENLYS HERNANDEZ

**PRESIDENT**

**04/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date