

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088685

Entity Name: CONCIERGE PLUS OF THE BOCA CLINIC, LLC

Current Principal Place of Business:

1601 CLINT MOORE ROAD STE 190
BOCA RATON, FL 33487

Current Mailing Address:

1601 CLINT MOORE ROAD STE 190
BOCA RATON, FL 33487

FEI Number: 20-8024516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NACHLAS, NATHAN E
1601 CLINT MOORE ROAD STE 170
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name BRITO, ROGELIO E MD
Address 1601 CLINT MOORE ROAD STE 190
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name NACHLAS, NATHAN E MD
Address 1601 CLINT MOORE ROAD STE 190
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name WIDICK, MARK MD
Address 1601 CLINT MOORE ROAD STE 190
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name KATZIN, ROY MD
Address 1601 CLINT MOORE ROAD STE 190
City-State-Zip: BOCA RATON FL 33487

Title MGR
Name SCHAJA, IAN MD
Address 1601 CLINT MOORE ROAD STE 190
City-State-Zip: BOCA RATON FL 33487

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATHAN E. NACHLAS

REGISTERED AGENT

02/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date