

**2016 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

MGR

02/05/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date