

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000035100

Entity Name: BEYOND CONCIERGE MEDICAL CARE, LLC

Current Principal Place of Business:

700 2ND AVE NORTH
SUITE 305
NAPLES, FL 34102

Current Mailing Address:

700 2ND AVE NORTH
SUITE 305
NAPLES, FL 34102

FEI Number: 86-3486250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCOMBE, LINDA
700 2ND AVE NORTH
SUITE 305
NAPLES, FL 34102 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 LUCOMBE, LINDA
Address 700 2ND AVE NORTH
City-State-Zip: NAPLES FL 34102

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: LINDA LUCOMBE

PHYSICIAN

04/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date