

**2022 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

MGR

03/03/2022

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

\_\_\_\_\_  
Date