

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000384545

**Entity Name:** M.D. THERAPY SERVICES, LLC

**Current Principal Place of Business:**

455 BELCHER ROAD  
S LARGO, FL 33771

**Current Mailing Address:**

13923 ICOT BLVD., STE. 815  
CLEARWATER, FL 33760 US

**FEI Number:** 59-3369535

**Certificate of Status Desired:** No

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

YOUNG, ROBERT G  
4655 SALISBURY RD STE 110  
JACKSONVILLE, FL 32256 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 AMBR  
Name CONCIERGE FLORIDA ACQUISITIONS  
3, LLC  
Address 4655 SALISBURY RD STE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT  
Name FISHER, JEFFREY L  
Address 4655 SALISBURY ROAD  
STE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title CEO  
Name RUCKER, DAVID CHRISTOPER  
Address 4655 SALISBURY RD.  
SUITE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name YOUNG, ROBERT GREG  
Address 4655 SALISBURY ROAD  
STE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title CFO  
Name THOMA, KERI A  
Address 4655 SALISBURY ROAD  
STE 110  
City-State-Zip: JACKSONVILL FL 32256

*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:** ROBERT GREG YOUNG

**SECRETARY**

**02/09/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date