

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000461455

Entity Name: PHYSICIAN RELOCATION CONCIERGE LLC

Current Principal Place of Business:

397 LATROBE AVE
ST AUGUSTINE, FL 32095

Current Mailing Address:

397 LATROBE AVE
ST AUGUSTINE, FL 32095

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLYNN, TRACY L
397 LATROBE AVE
SAINT AUGUSTINE, FL 32095 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 GLYNN, THERON B
Address 397 LATROBE AVE
City-State-Zip: ST AUGUSTINE FL 32095

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: THERON B GLYNN

MBR

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date