

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000348262

**Entity Name:** TAMPA BAY CONCIERGE DOCTOR, LLC

**Current Principal Place of Business:**

105 W. DAVIS BOULEVARD  
TAMPA, FL 33606

**Current Mailing Address:**

105 W. DAVIS BOULEVARD  
TAMPA, FL 33606 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HORNER, NICHOLAS D  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602 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            AUTHORIZED REPRESENTATIVE  
Name            MOZAS, LUIS H  
Address        105 W. DAVIS BOULEVARD  
City-State-Zip: TAMPA FL 33606

*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:** LUIS H. MOZAS

**AUTHORIZED  
REPRESENTATIVE**

04/18/2023

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

\_\_\_\_\_  
Date