

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 692172

**Entity Name:** STEPHEN G. NELSON, M.D., P.A.**Current Principal Place of Business:**5601 DR. MARTIN LUTHER KING JR. STREET NORTH  
ST PETERSBURG, FL 33703**Current Mailing Address:**5601 DR. MARTIN LUTHER KING JR. STREET NORTH  
ST PETERSBURG, FL 33703 US**FEI Number:** 59-2105555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHESTNUT BUSINESS SERVICES, LLC  
333 3RD AVENUE SUITE 200  
ST PETERSBURG, FL 33701 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:** MICHAEL D. MAGIDSON

02/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D/P
Name	WEINBERGER, ALYSSA MD
Address	5601 DR. MARTIN LUTHER KING JR. STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33703

Title	D/VP
Name	BANKS, ELIZABETH MD
Address	5601 DR. MARTIN LUTHER KING JR. STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33703

Title	D/S
Name	KIM, JENNIFER MR
Address	5601 DR. MARTIN LUTHER KING JR. STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33703

Title	D/T
Name	BHARUCHA, CORRIE MD
Address	5601 DR. MARTIN LUTHER KING JR. STREET NORTH
City-State-Zip:	ST PETERSBURG FL 33703

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALYSSA WEINBERGER

PRESIDENT

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date