

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000265043

**Entity Name:** CHARISMA HEALTH PLLC

**Current Principal Place of Business:**

3582 TIPPERARY DRIVE  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

3582 TIPPERARY DRIVE  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 84-3732990

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH STREET N  
300  
ST. PETERSBURGH, FL 33702 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:** TOM GLOVER

02/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WASIL, BUSHRA I  
Address 3582 TIPPERARY DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

*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:** BUSHRA WASIL

OWNER

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date