

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000148791

**Entity Name:** NELSON CHARLIE, M.D., P.A.**Current Principal Place of Business:**1800 SE 10TH AVENUE  
305  
FT. LAUDERDALE, FL 33316**Current Mailing Address:**1800 SE 10TH AVENUE  
305  
FT. LAUDERDALE, FL 33316 US**FEI Number:** 20-0491241**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MARK WILLIAMS

02/08/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHARLIE, NELSON  
Address 1800 SE 10TH AVENUE 305  
City-State-Zip: FT. LAUDERDALE FL 33316

Title PRESIDENT  
Name CHARLIE, NELSON  
Address 1800 SE 10TH AVENUE 305  
City-State-Zip: FT. LAUDERDALE FL 33316

Title VICE-PRESIDENT  
Name CHARLIE, NELSON  
Address 1800 SE 10TH AVENUE 305  
City-State-Zip: FT. LAUDERDALE FL 33316

Title SECRETARY  
Name CHARLIE, NELSON  
Address 1800 SE 10TH AVENUE 305  
City-State-Zip: FT. LAUDERDALE FL 33316

Title TREASURER  
Name CHARLIE, NELSON  
Address 1800 SE 10TH AVENUE 305  
City-State-Zip: FT. LAUDERDALE FL 33316

*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:** NELSON CHARLIE MD**OWNER**

02/08/2025

Electronic Signature of Signing Officer/Director Detail

Date