



Form Revision Date 07/2016

ANNUAL REPORT

For use by DOMESTIC PROFESSIONAL CORPORATION

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 800978182

Annual Report Filing Year: 2023

1. The name of the corporation:
NANCY J. CARLSON, M.D., P.C.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: NANCY J CARLSON MD

2. Street Address: 826 CROOKED TREE DR
 Apt/Suite/Other:
 City: PETOSKEY
 State: MI Zip Code: 49770

3. Mailing address of the corporation's registered office:
 P.O. Box or Street Address: 5001 MAXWELL CIRCLE
 Apt/Suite/Other: #201
 City: NAPLES
 State: FL Zip Code: 34105

4. Provide the name(s) and address(es) of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	NANCY J CARLSON MD	5001 MAXWELL CIRCLE, #201, NAPLES, FL 34105 USA
TREASURER	NANCY J CARLSON MD	5001 MAXWELL CIRCLE, #201, NAPLES, FL 34105 USA
SECRETARY	NANCY J CARLSON MD	5001 MAXWELL CIRCLE, #201, NAPLES, FL 34105 USA
DIRECTOR	NANCY J CARLSON MD	5001 MAXWELL CIRCLE, #201, NAPLES, FL 34105 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:
 MEDICAL PRACTICE - LOCUM TENENS

Section 911(1)(f), Act 284, P.A. of 1972, as amended, requires that the annual report shall list the names and addresses of all shareholders.

The corporation certifies that each shareholder is a licensed person in one or more of the professional services provided by the professional corporation and that the corporation meets the other requirements of chapter 2A.

6. The name(s) and address(es) of all shareholders:

Name	Residence Or Business Address
------	-------------------------------

This document must be signed by an authorized officer or agent:

Signed this 6th Day of March, 2023 by:

Signature	Title	Title if "Other" was selected
Nancy J Carlson, MD	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2023 ANNUAL REPORT

for

NANCY J. CARLSON, M.D., P.C.

ID Number: 800978182

received by electronic transmission on March 06, 2023 ***, is hereby endorsed.***

Filed on March 06, 2023 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 6th day of March, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau