# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2011**
**Secretary of State**

DOCUMENT# P96000005938

**Entity Name:** CHILDREN'S HEMATOLOGY & ONCOLOGY ASSOCIATES, P.A.

**Current Principal Place of Business:**

5325 GREENWOOD AVENUE
SUITE 306
W. PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5325 GREENWOOD AVENUE
SUITE 306
W. PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number: 65-0643075** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GOWDA, NARAYANA M.D.
5325 GREENWOOD AVE.
SUITE 306
WEST PALM BEACH, FL 33407 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD
Name: GOWDA, NARAYANA
Address: 5325 GREENWOOD AVE., STE 306
City-St-Zip: WEST PALM BEACH, FL 33407

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: NARAYANA GOWDA PD 04/26/2011

Electronic Signature of Signing Officer or Director — Date