

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0643075

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GOWDA, NARAYANA  
Address 5325 GREENWOOD AVE., STE 306  
City-State-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

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date