# above, or on an attachment with all other like empowered.

#### SIGNATURE: NARAYANA GOWDA

Electronic Signature of Signing Officer/Director Detail

## 2013 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

#### 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.

#### **Officer/Director Detail :**

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

SIGNATURE: Electronic Signature of Registered Agent

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

OWNER

Date

Certificate of Status Desired: No

FILED Mar 20, 2013 Secretary of State CC4573649666