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: FRANK D. CIRISANO

Electronic Signature of Signing Officer/Director Detail

PTS

Officer/Director Detail :

Title

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000004371

Entity Name: COMPREHENSIVE GYNECOLOGIC ONCOLOGY P.A.

Current Principal Place of Business:

5130 LINTON BLVD. SUITE A-1 DELRAY BEACH, FL 33484-6596

Current Mailing Address:

P.O. BOX 7957 DELRAY BEACH, FL 33482-7956 US

FEI Number: 65-0978483

Name and Address of Current Registered Agent:

CIRISANO, FRANK D 20800 NE 30TH PL AVENTURA, FL 33180 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

CIRISANO, FRANK D Name Address 20800 NE 30TH PL City-State-Zip: AVENTURA FL 33180

Date

Certificate of Status Desired: No

Date

PRESIDENT

FILED Jan 29, 2023 Secretary of State 1740397054CC

01/29/2023