

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004371

Entity Name: COMPREHENSIVE GYNECOLOGIC ONCOLOGY P.A.

Current Principal Place of Business:

401 WEST LINTON BLVD.
SUITE 300
DELRAY BEACH, FL 33444

Current Mailing Address:

P.O. BOX 3026
HALLANDALE, FL 33008

FEI Number: 65-0978483

Certificate of Status Desired: No

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

_____ Date

Officer/Director Detail :

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

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

PRESIDENT

01/13/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date