

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000019567

**Entity Name:** PINELLAS HEMATOLOGY & ONCOLOGY, P.A.

**Current Principal Place of Business:**

5000 PARK STREET NORTH  
SUITE 1017  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

5000 PARK STREET NORTH  
SUITE 1017  
ST. PETERSBURG, FL 33709 US

**FEI Number:** 59-3363610

**Certificate of Status Desired:** No

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

PRATIBHA, DESAI  
5000 PARK STREET NORTH  
SUITE 1017  
ST. PETERSBURG, FL 33709 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 DESAI, PRATIBHA KMD  
Address 5000 PARK STREET NORTH, SUITE  
1017  
City-State-Zip: ST PETERSBURG FL 33709

*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:** PRATIBHA K DESAI

**PRESIDENT**

**04/28/2023**

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

\_\_\_\_\_  
Date