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

#### **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

Electronic Signature of Signing Officer/Director Detail

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

### Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

Date

## FILED Jan 12, 2018 Secretary of State CC6865511250

Date

PRESIDENT

01/12/2018