

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000001479

**Entity Name:** COMPREHENSIVE HEMATOLOGY ONCOLOGY, LLC

**Current Principal Place of Business:**

5000 PARK STREET N  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

5000 PARK STREET N.  
ST. PETERSBURG, FL 33709 US

**FEI Number:** 83-3031637

**Certificate of Status Desired:** No

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

NAPOLITANO LAW, LLC  
233 DELLA COURT  
SPRING HILL, FL 34613 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

**Authorized Person(s) Detail :**

Title MGR  
Name HAYES, KAREN  
Address 14690 SPRING HILL DRIVE  
SUITE 101  
City-State-Zip: SPRING HILL FL 34609

Title OWNER  
Name SINGH, PARIKSITH MD  
Address 5000 PARK STREET N  
City-State-Zip: ST. PETERSBURG FL 33709

Title OWNER  
Name DESAI, PRATIBHA MD  
Address 5000 PARK STREET N  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN HAYES

**MANAGER**

**06/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date