

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