

**2023 FLORIDA LIMITED LIABILITY COMPANY 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:**

DESAI, PRATIBHA KIRIT DR.  
5000 PARK STREET N  
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:** PRATIBHA KIRIT DESAI

01/23/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DESAI, PRATIBHA KIRIT  
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:** PRATIBHA KIRIT DESAI

MANAGER

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date