

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000001479

Entity Name: COMPREHENSIVE HEMATOLOGY ONCOLOGY, LLC

Current Principal Place of Business:

3611 LITTLE ROAD
NEW PORT RICHEY, FL 34655

Current Mailing Address:

3611 LITTLE ROAD
NEW PORT RICHEY, FL 34655

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 3611 LITTLE ROAD
City-State-Zip: NEW PORT RICHEY FL 34655

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

MGR

01/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date