GNATURE:	PARIKSTIH SINGH	02

# Authorized Person(s) Detail :

Title MGR SINGH, PARIKSITH DR. 14690 SPRING HILL DR SUITE 101 SPRING HILL FL 34609 City-State-Zip:

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.

MGR

SIGNATURE: PARIKSITH SINGH

Electronic Signature of Signing Authorized Person(s) Detail

#### 2023 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:**

14690 SPRING HILL DR **SUITE 101** SPRING HILL, FL 34609 US

### FEI Number: 83-3031637

## Name and Address of Current Registered Agent:

SINGH, PARIKSITH DR. 14690 SPRING HILL DR SUITE 101 SPRING HILL, FL 34609 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.

SIGNATI 

Electronic Signature of Registered Agent

Name Address Certificate of Status Desired: Yes

2/09/2023

Date

02/09/2023 Date

FILED Feb 09, 2023 Secretary of State 2209605682CC