SIGNATURE: PARIKSITH SINGH

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR SINGH, PARIKSITH DR. Name 14690 SPRING HILL DR Address 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.

2024 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:**

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.

MGR

SIGNATURE: PARIKSITH SINGH MD

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 09, 2024 Secretary of State 1277002389CC

Certificate of Status Desired: No

02/09/2024

02/09/2024 Date

Date