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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PARIKSITH SINGH M.D.

Electronic Signature of Signing Authorized Person(s) Detail

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 M.D. 14690 SPRING HILL DRIVE, 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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

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

Certificate of Status Desired: No

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 MGR

2025 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

FILED Feb 25, 2025 Secretary of State 0921461196CC

Date

Date