


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90177 011 ***138.75

DOCUMENT # L05000006289

1. Entity Name
INTERCOMMUNITY CANCER INSTITUTE REAL ESTATE HOLDINGS, LLC.



Principal Place of Business 301 SOUTH LAKE STREET LEESBURG, FL 34748	Mailing Address 301 SOUTH LAKE STREET LEESBURG, FL 34748
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60021990



DO NOT WRITE IN THIS SPACE

03262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2196352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, HAL SCOTT, KENNETH
 301 SOUTH LAKE STREET
 LEESBURG, FL 34748

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Kenneth I Jacobson* DATE: 3/27/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JS CANCER CTR REAL ESTATE HOLDINGS, LLC 301 SOUTH LAKE ST LEESBURG, FL 34748
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Hal Jacobson* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE