2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT'# L05000006519

1. Entity Name
JS CANCER CENTER HOLDINGS, LLC

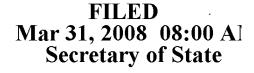


Principal Place of Business

301 SOUTH LAKE STREET LEESBURG, FL 34748

Mailing Address

301 SOUTH LAKE STREET LEESBURG, FL 34748





03262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2224445

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, KENNETH 1048 JULIELTE BLVD MOUNT DORA, FL 32757

SIGNATURE: _

SIGNATURE AND TYPE

DO NOT WRITE IN THIS SPACE

| 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 | | DATE | |
| | 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 | | , | 000000874153 04/10/03-80107-024 138.75 |
| 9. | MANAGING MEMBERS/MANAGERS | FUELS 在工程的企业工程的企业 | P. OTTITUTE CONTRACTOR AND |
| TITLE | DR | | |
| NAME | JACOBSON, HAL M | | |
| STREET ADDRESS | 301 S LAKE STREET | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | |
| TITLE | MR | | |
| NAME | SCOTT, KENNETH L | | |
| STREET ADDRESS | 301 S LAKE STREET | | |
| CITY-ST-ZIP | LEESBURG, FL 34748 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
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| CITY-ST-ZIP | | | |
| 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 affect as if made under oath; that I am a managing member or manager of the limited liability company or the repetiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |

MEMBER, OR AUTHORIZED REPRESENTATIVE