## 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAL JACOBSON

Electronic Signature of Signing Authorized Person(s) Detail

# LEESBURG. FL 34748 FEI Number: 20-2196770

**Current Principal Place of Business:** 

DOCUMENT# L0500006447

301 SOUTH LAKE STREET LEESBURG, FL 34748

**Current Mailing Address:** 301 SOUTH LAKE STREET

## Name and Address of Current Registered Agent:

SCOTT, KENNETH 1048 JULIETTE BLVD MOUNT DORA, FL 32757 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

Entity Name: JS CANCER CENTER REAL ESTATE HOLDINGS, LLC

# Authorized Person(s) Detail :

Title	DR	Title	MR
Name	JACOBSON, HAL M	Name	SCOTT, KENNETH L
Address	301 S LAKE STREET	Address	301 S LAKE STREET
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEEBURG FL 34748

03/06/2013 MGR

### Certificate of Status Desired: No

Date

FILED Mar 06, 2013 Secretary of State CC9198007363

Date