
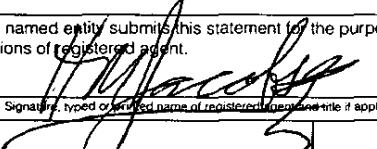
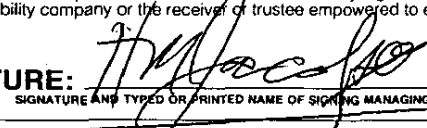


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90253 041 ****50.00

DOCUMENT # L01000005349 1. Entity Name INTERCOMMUNITY CANCER CENTER - SOUTH LAKE CAMPUS, LLC																													
Principal Place of Business 301 SOUTH LAKE STREET LEESBURG, FL 34748			Mailing Address 301 SOUTH LAKE STREET LEESBURG, FL 34748																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 36-1139807																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICE OF CENTRAL FL 340 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name STEWART JACOBSON ESQ Street Address (P.O. Box Number is Not Acceptable) 950 SOUTH FEDERAL HWY City HOLLYWOOD FL Zip Code 33020																										
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  (NOTE: Registered Agent signature required when reinstating) 3/29/04																													
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAL MARTIN JACOBSON FAMILY TRUST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>301 SOUTH LAKE STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LEESBURG, FL 34748</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	HAL MARTIN JACOBSON FAMILY TRUST		STREET ADDRESS	301 SOUTH LAKE STREET		CITY - ST - ZIP	LEESBURG, FL 34748		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/29/04 352-386-8884																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													