


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000005349</b> 1. Entity Name <b>INTERCOMMUNITY CANCER CENTER - SOUTH LAKE CAMPUS, LLC</b>	
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Principal Place of Business  
**301 SOUTH LAKE STREET  
LEESBURG, FL 34748**

Mailing Address  
**301 SOUTH LAKE STREET  
LEESBURG, FL 34748**



04252005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-1139807</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**JACOBSON, STEWART ESQ  
950 SOUTH FEDERAL HWY  
HOLLYWOOD, FL 33020**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBSON, JYMMIE 33809 OVERTON DR. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAL MARTIN JACOBSON FAMILY TRUST 301 SOUTH LAKE STREET LEESBURG, FL 34748
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**DO NOT WRITE  
IN THIS SPACE**

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:**  Hal M. Jacobson 4/30/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #