

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000013946

1. Entity Name
**INTERCOMMUNITY CANCER CENTER - LADY LAKE
CAMPUS, L.L.C.**



Principal Place of Business
**301 SOUTH LAKE STREET
LEESBURG, FL**

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

DO NOT WRITE IN THIS SPACE



04252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3738703

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAL MARTIN JACOBSON FAMILY TRUST
301 SOUTH LAKE STREET
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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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)(f), 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: _____

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

Hal M Jacobson 4/30/05

Date

Daytime Phone #