## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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03262008 No Chg-LLC

CR2E083 (12/07)

**FILED** 

Mar 31, 2008 08:00 Al Secretary of State

4. FEI Number 59-3738703

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

5. Name and Address of Current Registered Agent

SCOTT, KENNETH 1048 JULIETTE BLVD MOUNT DORA, FL 32757

## DO NOT WRITE

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)

U00000087**4**4164

04/10/08-80107-025 138.75

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	HAL MARTIN JACOBSON FAMILY TRUST	
STREET ADDRESS	301 SOUTH LAKE STREET	
CITY-ST-ZIP	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 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 effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

3/27/08 (352)326-6021

Daytime Phone #