2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 19, 2006 8:00 am Secretary of State

DOCUMENT # L04000025060 1. Entity Name INTERCOMMUNITY CANCER INSTITUTE, L.C							07-19-2006	90093 017 ****	50.00
Principal Place of Business Mailing Address									
C/O RANDY H	REYSEK, M.D. 5 Tower Blvd, Ste 130	C/O RANDY HEYSEK, M.D. 1120 Citrus Tower Blvd, Ste 130							
CLERMONT, FL 34711 CLERMONT, FL 34711						1 10 CH 10 CH 10 TH)	O(BOL IFI IDRI
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07062006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State			4. FEI Numbe 56-245			opplied For lot Applicable	
Zip	Country	Zip	Counti			5. Certificate of Status Desired Fee Requ			
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·	-
HEVEEN	DANDY M.D.			Name					
HEYSEK, RANDY M.D. 1120 CITRUS TOWER BLVD, STE 130 CLERMONT, FL 34711			Street Address (P			P.O. Box Number is Not Acceptable)			
	.,,								
•				City			FL Zip Co	de	
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									
Signature, types or printed restricts or agent are the signature.									
	,				-				
Fil	ling Fee is \$50.00 by September 6, 2006		<u> </u>		-			e check payable to n Department of Sta	te
Fil	ing Fee is \$50.00		10.					Department of Sta	te
Fil Due I	ing Fee is \$50.00 by September 6, 2006 MANAGING MEMBE	RS/MANAGERS	10.				Florida ADDITIONS/	Department of Sta	te Addition
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11. Thereby certify that the information supplied with this ming does not qualify to the exemptions contained in Chapter 119, Florida Statutes. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

106 326.2224