


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-19-2006 90093 017 ****50.00

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|--|--|--|---|--|--|
| DOCUMENT # L04000025060 1. Entity Name INTERCOMMUNITY CANCER INSTITUTE, LLC | | | |  | |
| Principal Place of Business C/O RANDY HEYSEK, M.D. 1120 CITRUS TOWER BLVD, STE 130 CLERMONT, FL 34711 | | | Mailing Address C/O RANDY HEYSEK, M.D. 1120 CITRUS TOWER BLVD, STE 130 CLERMONT, FL 34711 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| HEYSEK, RANDY M.D. 1120 CITRUS TOWER BLVD, STE 130 CLERMONT, FL 34711 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CENTRAL FL CANCERT INS. AT CLERMONT 2 STATE ROAD 60 WEST LAKE WALES, FL 33853 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HRS OPERATIONS, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR INTRCOMM. CANCER CENTER- S LAKE CAMPUS 301 S LAKE STREET LEESBURG, FL 34748 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JS Cancer Center Holdings, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Hal M. Jacobson /aab</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date: <i>7/6/06</i> Daytime Phone #: <i>326.2224</i> | | |