

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025060

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** INTERCOMMUNITY CANCER INSTITUTE, LLC

**Current Principal Place of Business:**

C/O RANDY HEYSEK, M.D.  
1120 CITRUS TOWER BLVD, STE 130  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RANDY HEYSEK, M.D.  
1120 CITRUS TOWER BLVD, STE 130  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 56-2453566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, KENNETH  
301 S LAKE ST  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HRS OPERATIONS,LLC  
Address: 2 STATE ROAD 60 WEST  
City-St-Zip: LAKE WALES, FL 33853

Title: MGR  
Name: JS CANCER CENTER HOLDINS, LLC  
Address: 301 S LAKE STREET  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: OSSIE

ADM

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date