

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 042 ****50.00

DOCUMENT # L05000006519

1. Entity Name
JS CANCER CENTER HOLDINGS, LLC



Principal Place of Business
301 SOUTH LAKE STREET
LEESBURG, FL 34748

Mailing Address
301 SOUTH LAKE STREET
LEESBURG, FL 34748

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2224445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, HAL
301 SOUTH LAKE STREET
LEESBURG, FL 34748

Name *Kenneth Scott*
Street Address (P.O. Box Number is Not Acceptable)

1048 Juliette Blvd
City *Int Dora* FL Zip Code *32757*

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

Kenneth Scott
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR
JACOBSON, HAL M
301 S LAKE STREET
LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
SCOTT, KENNETH L
301 S LAKE STREET
LEESBURG, FL 34748 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

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

Date

Daytime Phone #