

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016105

Entity Name: HRS OPERATIONS, LLC

FILED  
Apr 13, 2007  
Secretary of State

**Current Principal Place of Business:**

2 STATE ROAD 60 WEST  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

2 STATE ROAD 60 WEST  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 20-2654823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEYSEK, RANDY M.D.  
2 STATE ROAD 60 WEST  
LAKE WALES, FL 33853 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 ( ) Delete  
Name: HEYSEK, RANDY M.D.  
Address: 2 STATE ROAD 60 WEST  
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM ( ) Delete  
Name: ROSS, SUSAN M.D.  
Address: 508 GOLF PARK DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM ( ) Delete  
Name: SHA, SANDRA M.D.  
Address: 1019 BRANDON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: RANDY V. HEYSEK, MD

MGRM

04/13/2007

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