

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016105

Entity Name: HRS OPERATIONS, LLC

FILED
Feb 05, 2009
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 (X)

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: MGRM (X) Change () Addition
Name: SHA, SANDRA M.D.
Address: 9209 CHARLES E. LIMPUS ROAD
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA SHA, MD

MGRM

02/05/2009

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