

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016105

Entity Name: HRS OPERATIONS, LLC

**FILED**  
**Feb 16, 2011**  
**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  
Name: HEYSEK, RANDY M.D.  
Address: 2 STATE ROAD 60 WEST  
City-St-Zip: LAKE WALES, FL 33853

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

Title: MGRM  
Name: SHA, SANDRA M.D.  
Address: 9209 CHARLES E. LIMPUS ROAD  
City-St-Zip: ORLANDO, FL 32836

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: RANDY HEYSEK, MD

MGRM

02/16/2011

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