

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000016105

Entity Name: HRS OPERATIONS, LLC

**FILED**  
**May 05, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

2 STATE ROAD 60 WEST  
LAKE WALES, FL 33853

## **New Principal Place of Business:**

1420 CELEBRATION BLVD  
SUITE 308  
CELEBRATION, FL 34747

## **Current Mailing Address:**

2 STATE ROAD 60 WEST  
LAKE WALES, FL 33853

## **New Mailing Address:**

1420 CELEBRATION BLVD  
SUITE 308  
CELEBRATION, FL 34747

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: RANDY HEYSEK MD

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RANDY HEYSEK MD

MGRM

05/05/2014

Electronic Signature of Authorized Person

Date