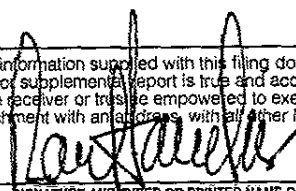


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P05000012484		
1. Entity Name PROSTOCARE OF SOUTH FLORIDA, INC.		
Principal Place of Business PO BOX 565932 PINECREST, FL 33256	Mailing Address PO BOX 565932 PINECREST, FL 33256	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANCHEZ, RAUL A 9301 SW 92 AVE #A109 MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reissuing) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000603465 01/29/07-80014-017 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, RAUL A 9301 SW 92 AVE #A109 MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other duly empowered.		
SIGNATURE: 		Director 01/20/06 (305) 412-5676