

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013705  
AT

DOCUMENT # **A33550**

1. Entity Name

FLORIDA PROSTATE CENTERS, LTD.

Principal Place of Business

6002 49TH STREET NORTH  
ST. PETERSBURG FL 33709

Mailing Address

6002 49TH STREET NORTH  
ST. PETERSBURG FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 APR 24 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-3158674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROSTATE CENTER MANAGEMENT, INC.

6002-49TH STREET-N

ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$750,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **V70407**  
NAME **PROSTATE CENTER MANAGEMENT, INC.**  
STREET ADDRESS **6002 49TH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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-05/07/02-01084-003  
\*\*\*\*526.25 \*\*\*\*526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/02

Date

Daytime Phone #

727-521-3645

CR2E003 (9/01)