

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

400000

<b>DOCUMENT # F03000005421</b>				05-01-2007 90004 040 ***150.00	
1. Entity Name <b>ENDOCARE OF CALIFORNIA, INC.</b>					
Principal Place of Business <b>201 TECHNOLOGY DRIVE IRVINE, CA 92618 US</b>		Mailing Address <b>201 TECHNOLOGY DRIVE IRVINE, CA 92618 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NYDAM, WILLIAM J 201 TECHNOLOGY DRIVE IRVINE, CA 92618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D David L. Goldsmith 201 Technology Drive Irvine, CA 92618 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD P DAVENPORT, CRAIG T 201 TECHNOLOGY DRIVE IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Eric S. Kentor 201 Technology Drive Irvine, CA 92618 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOV RODRIGUEZ, MICHAEL R 201 TECHNOLOGY DRIVE IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Terrence A. Noonan 201 Technology Drive Irvine, CA 92618 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DAVIS, CLINT B 201 TECHNOLOGY DR IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIELS, JOHN R MD 201 TECHNOLOGY DRIVE IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TESTMAN, THOMAS R 201 TECHNOLOGY DRIVE IRVINE, CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 address, with all other like empowered.					
SIGNATURE:  <b>Clint B. Davis, Secretary</b>		3-26-07 949-450-5425			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			