

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90371 031 ****55.00

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04202005 Chg-LLC CR2E083 (10/03)

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| DOCUMENT # L02000012590 | | | |  | |
| 1. Entity Name PROSTATE DISEASE RECOVERY, L.L.C. | | | | | |
| Principal Place of Business 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 | | | Mailing Address 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 02-0613086 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SKOKOS, PETER Z 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PREFERRED HEALTH RESOURCES, INC 2901 MAIN AVENUE DURANGO, CO 81301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Preferred Health Resources <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1819 Main Street/Suite 240 Sarasota, FL 34236 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S WHEELER, SHELLEY <input type="checkbox"/> Delete 1919 MAIN STREET, STE 401 SARASOTA, FL 34236 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 11. 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 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: <i>Shelley Wheeler</i> | | | Date: 4/28/05 x9413629655 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date | | |