2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L02000012590

Entity Name: PROSTATE DISEASE RECOVERY, L.L.C.

Current Principal Place of Business:

1819 MAIN STREET, SUITE 401
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1819 MAIN STREET, SUITE 401
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 02-0613086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SKOKOS, PETER Z
1819 MAIN STREET, SUITE 401
SARASOTA, FL 34236 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PREFERRED HEALTH RES, OURCES, INC
Address: 1819 MAIN STREET, SUITE 240
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete
Name: WHEELER, SHELLY
Address: 1919 MAIN STREET, STE 401
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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: SHELLEY WHEELER S 05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date