

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012590

FILED
Apr 29, 2007
Secretary of State

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:

1819 MAIN STREET, SUITE 240
SARASOTA, FL 34236

Current Mailing Address:

1819 MAIN STREET, SUITE 401
SARASOTA, FL 34236

New Mailing Address:

1819 MAIN STREET, SUITE 240
SARASOTA, FL 34236

FEI Number: 02-0613086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

SKOKOS, PETER Z
1819 MAIN STREET, SUITE 240
SARASOTA, FL 34236 US

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:

04/29/2007

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 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

04/29/2007

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