


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # L02000012592 1. Entity Name THE DRIVE FOR PROSTATE HEALTH, L.L.C. |  |
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| Principal Place of Business 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 | Mailing Address 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 |
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04302004No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 03-0454702 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SKOKOS, PETER Z 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PROSTATE DISEASE RECOVERY, L.L.C. 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WHEELER, SHELLEY 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236 |
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05/04/04-80122-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4/30/04 9419570007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #