


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012592</b> 1. Entity Name <b>THE DRIVE FOR PROSTATE HEALTH, L.L.C.</b>	
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Principal Place of Business <b>1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236</b>	Mailing Address <b>1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236</b>
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03282006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0454702</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PROSTATE DISEASE RECOVERY, L.L.C. 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S WHEELER, SHELLEY 1819 MAIN STREET, SUITE 401 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**000000530657  
05/06/06-80005-004 \$5.00**

**DO NOT WRITE  
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11. 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 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #