

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012592

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** THE DRIVE FOR PROSTATE HEALTH, 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:**

1250 S. TAMiami TRAIL  
SUITE 101 N.  
SARASOTA, FL 34236

**FEI Number:** 03-0454702

**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:** PROSTATE DISEASE REC, OVERY, L.L.C.  
**Address:** 1819 MAIN STREET, SUITE 401  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** S ( ) Delete  
**Name:** WHEELER, SHELLEY  
**Address:** 1819 MAIN STREET, SUITE 401  
**City-St-Zip:** SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** PROSTATE DISEASE REC, OVERY, L.L.C.  
**Address:** 1819 MAIN STREET, SUITE 240  
**City-St-Zip:** SARASOTA, FL 34236

**Title:** S (X) Change ( ) Addition  
**Name:** WHEELER, SHELLEY  
**Address:** 1819 MAIN STREET, SUITE 240  
**City-St-Zip:** SARASOTA, FL 34236

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