

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012592

FILED
Jul 20, 2008
Secretary of State

Entity Name: THE DRIVE FOR PROSTATE HEALTH, L.L.C.

Current Principal Place of Business:

1819 MAIN STREET, SUITE 240
SARASOTA, FL 34236

New Principal Place of Business:

22 LINKS AVENUE
SUITE 204
SARASOTA, FL 34236

Current Mailing Address:

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

New Mailing Address:

1250 S. TAMIAMI TRAIL
SUITE 101 N.
SARASOTA, FL 34239

FEI Number: 03-0454702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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 240
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SKOKOS, PETER Z
1819 MAIN STREET
SUITE 610
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:

07/20/2008

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 240
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: WHEELER, SHELLEY
Address: 1819 MAIN STREET, SUITE 240
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 610
City-St-Zip: SARASOTA, FL 34236

Title: S (X) Change () Addition
Name: WHEELER, SHELLEY
Address: 22 LINKS AVENUE, SUITE 204
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

07/20/2008

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