

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012592

FILED  
May 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

22 LINKS AVENUE  
SUITE 204  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

**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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: PROSTATE DISEASE RECOVERY, L.L.C.  
Address: 1819 MAIN STREET, SUITE 610  
City-St-Zip: SARASOTA, FL 34236

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Delete  
Name: WHEELER, SHELLEY  
Address: 22 LINKS AVENUE, SUITE 204  
City-St-Zip: SARASOTA, FL 34236

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

05/10/2009

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