

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012592

FILED
Jan 27, 2010
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:

22 LINKS AVENUE
SUITE 204
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 610
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

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

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

I hereby 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

01/27/2010

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