

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92165 033 \*\*\*\*50.00

**DOCUMENT # L02000012592**

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



Principal Place of Business  
**1819 MAIN STREET, SUITE 401  
SARASOTA FL 34236**

Mailing Address  
**1819 MAIN STREET, SUITE 401  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0454702**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **PROSTATE DISEASE RECOVERY, L.L.C.**  
STREET ADDRESS **1819 MAIN STREET, SUITE 401**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Shelley Wheeler**  
STREET ADDRESS **1819 Main Street/Suite 401**  
CITY-ST-ZIP **Sarasota FL 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Shelley Wheeler**

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

Date

Daytime Phone #

**5/1/03 941-3629655**

CR2E083 (10/02)