

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-13-2003 90577 032 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000016241

1. Entity Name

PROSTATE CARE, LLC



Principal Place of Business

7000 SW 62ND AVENUE
SOUTH MIAMI FL 33143

Mailing Address

7000 SW 62ND AVENUE
SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2301232

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES FL 33134

Registered Agent

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
George M. Sumar
7000 SW 62 Ave.
Miami FL 33143
Delete PRESIDENT

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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 606, Florida Statutes.

SIGNATURE:

Signature Required

1/7/03 305-7400994

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

Date

Daytime Phone

CR2E083 (10/02)