

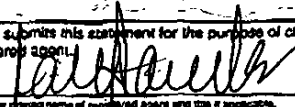
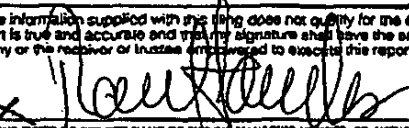
FROM : JULIO GONZALEZ, CPA

PHONE NO. : 305 854 4057

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-03-2004 90105 024 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000027571		
1. Entity Name PROSTOCARE OF FLORIDA, LLC		
Principal Place of Business 9301 SW 92nd Ave, Apt A-109 Miami, FL 33176		34010376
Mailing Address		
DO NOT WRITE IN THIS SPACE		
07282004 No Chg-LLC CR2E083 (10/03)		
4. FEI Number 27-0036414		Applied For Not Applicable
5. Certificate of Status Desired - ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ, RAUL A 9301 SW 92nd Ave Apt A-109 Miami, FL 33176		DO NOT WRITE IN THIS SPACE
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 registering)		DATE 7/28/04
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, RAUL A 9301 SW 92nd Ave Apt A-109 Miami, FL 33176	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 806, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		DATE 7/28/04 Daytime Phone # 305-4128676