FROM : JULIO GONZALEZ,CPA PHONE NO. : 305 854 4057 8

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

34010376

Principal Place of Business / Mailing Address
9301 SW 92nd Ave, Apt A-109
Miami, Fl 33176

07282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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] 7/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent disclosure required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SANCHEZ, RAUL A
STREET ADDRESS	9301 SW 92nd Ave Apt A-109
CITY-ST-ZIP	Miami, Fl 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X [signature] 7/28/04 305-412-8676
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #