2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007215

1. Entity Name
PROSTATE HEALTH CARE, INC.

Principal Place of Business	Mailing Address
7000 SW 62ND AVE., SUITE 100 SOUTH MIAMI, FL 33143	7000 SW 62ND AVE., SUITE 100 SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1085015

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIR STE 601
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUAREZ, GEORGE M
STREET ADDRESS	7000 SW 62 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	FIELDSTONE, RONALD MR
STREET ADDRESS	201 ALHAMBRA CIR, STE 601
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	WELZEIN, JIM
STREET ADDRESS	600 W. HILLSBORO BLVD, #510
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/26/04-80001-012 61.25

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George M. Suarez 7/26/04 305-7400004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #