

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000007215**

1. Entity Name  
**PROSTATE HEALTH CARE, INC.**



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

Mailing Address  
**7000 SW 62ND AVE., SUITE 100  
SOUTH MIAMI, FL 33143**



01222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000654244

03/15/07-80053-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SUAREZ, GEORGE M
STREET ADDRESS	7000 SW 62 AVE
CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	D
NAME	FIELDSTONE, RONALD MR
STREET ADDRESS	201 ALHAMBRA CIR, STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #