2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N02000007215

Entity Name: PROSTATE HEALTH CARE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1085015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SUAREZ, GEORGE M
Address: 7000 SW 62 AVE
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D ( ) Delete
Name: FIELDSTONE, RONALD MR
Address: 201 ALHAMBRA CIR, STE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: WELZEIN, JIM
Address: 600 W. HILLSBORO BLVD, #510
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE M. SUAREZ, M.D. DR. 04/23/2009

Electronic Signature of Signing Officer or Director — Date