2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005
Secretary of State

DOCUMENT# N94000002296

Entity Name: ST. PETERSBURG PROSTATE CANCER AWARENESS GROUP, INC.

Current Principal Place of Business:

601 7TH ST SOUTH
DR BRYANT'S OFFICE
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

601 7TH ST SOUTH
DR BRYANT'S OFFICE
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3242761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRYANT, KENNETH R
601 7TH ST SOUTH
ST. PETERSBURG, FL 33701 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: PD ( ) Delete
Name: BRYANT, KENNETH R MD
Address: 2150 49TH ST N STE C
City-St-Zip: ST PETERSBURG, FL

Title: VPD ( ) Delete
Name: WEST, JAMES
Address: 1923 9TH ST. SOUTH
City-St-Zip: ST PETERSBURG, FL 33705

Title: SD ( ) Delete
Name: BARGENT,
Address: 1200 MUROCK WAY S
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRYANT, KENNETH R MD
Address: 601 7TH ST. S.
City-St-Zip: ST PETERSBURG, FL 33701

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 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 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: KENNETH R. BRYANT, M.D. PD 08/02/2005
Electronic Signature of Signing Officer or Director — Date