

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90032 049 \*\*\*\*70.00

**DOCUMENT # N98000006945**

**1. Entity Name**  
FLORIDA PROSTATE CANCER NETWORK, INC.



**Principal Place of Business**

6105 N MEMORIAL HWY  
TAMPA, FL 33615

**Mailing Address**

6105 N MEMORIAL HWY  
TAMPA, FL 33615



02062004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3545266

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

SAMUELS, ROBERT J  
8509 WOODWICK COURT  
TAMPA, FL 33615

**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, 2004**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** CD  
**NAME** SAMUELS, ROBERT J  
**STREET ADDRESS** 8509 WOODWICK COURT  
**CITY-ST-ZIP** TAMPA, FL 33615

**TITLE** DT  
**NAME** FISHER, ARTHUR  
**STREET ADDRESS** 5553 W. WATERS AVE., #316  
**CITY-ST-ZIP** TAMPA, FL 33634

**TITLE** DS  
**NAME** CROWN, KAREN  
**STREET ADDRESS** 2 SEASIDE LANE #104  
**CITY-ST-ZIP** BELLEAIR, FL 33756

**TITLE** D  
**NAME** SLOAN, RUSS  
**STREET ADDRESS** PO BOX 1371  
**CITY-ST-ZIP** SAINT PETERSBURG, FL 33731

**TITLE** D  
**NAME** NEWMAN, STEVEN  
**STREET ADDRESS** 9532 SEA TURTLE DR.  
**CITY-ST-ZIP** PLANTATION, FL 33324

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 10, 2004*  
Date

Daytime Phone #