

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90139 025 ****61.25

DOCUMENT # N98000006945

1. Entity Name

FLORIDA PROSTATE CANCER NETWORK, INC.



Principal Place of Business

Mailing Address

6105 N MEMORIAL HWY
TAMPA FL 33615

6105 N MEMORIAL HWY
TAMPA FL 33615



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

BERKOWITZ, HERBERT ESQ
3407 WEST KENNEDY
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reelecting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BERKOWITZ, HERBERT M	
STREET ADDRESS	3407 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CROWN, KAREN	
STREET ADDRESS	2 SEASIDE LANE #104	
CITY-ST-ZIP	BELLEAIR FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, RUSS	
STREET ADDRESS	PO BOX 1371	
CITY-ST-ZIP	SAINT PETERSBURG FL 33731	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, STEVEN	
STREET ADDRESS	9532 SEA TURTLE DR.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG NORTON	
STREET ADDRESS	4313 Woodmere Rd.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

3/17/06

813-806-2800