1/10

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-10-2003 90103 002 ****61.25

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

55004499

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-3545266 | Applied For | Not Applicable

Zip | Country | Zip | Country

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

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW: FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ✓ CD NAME SAMUELS, ROBERT J STREET ADDRESS 8509 WOODWICK COURT CITY-ST-ZIP TAMPA FL 33615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ✓ DT NAME FISHER, ARTHUR STREET ADDRESS 5553 W. WATERS AVE., #316 CITY-ST-ZIP TAMPA FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ✓ DS NAME CROWN, KAREN STREET ADDRESS 2 SEASIDE LANE #104 CITY-ST-ZIP BELLEAIR FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME ANDERSON, CAROL STREET ADDRESS 7148 ESTERO BLVD., #320 CITY-ST-ZIP FORT MYERS BEACH FL 33931	☒ Delete	TITLE D NAME Sloan, Russ STREET ADDRESS P.O. Box 1371 CITY-ST-ZIP St. Petersburg, FL. 33731	☒ Change ☐ Addition
TITLE ✓ D NAME KARP, JERRY STREET ADDRESS PO BOX 272030 CITY-ST-ZIP TAMPA FL 33688	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ✓ D NAME NEWMAN, STEVEN STREET ADDRESS 9532 SEA TURTLE DR. CITY-ST-ZIP PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: X SIGNATURE REQUIRED 1/6/03 (813) 289-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #