## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 8:00 am Secretary of State

ANNUAL REPORT					<b>V</b>		
DOCUMENT # P01000099547  1. Entity Name FLORIDA PROSTATE INSTITUTE, INC.					03-01-2004 90052 042 ***150.00		
Principal Place of Business Mailing Address					•	94022609	
506 N. ALEXANDER STREET		506 N. ALEXANDER STREET			•		
PLANT CITY, FL 33566 PLANT CITY, FL 33566			•	ľ			*
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Principal Place of Business     3. Mailing Address							<b>188</b> 0 ) 1880
2217 N Blud West		P. O. Box 1068		]	L samitans für ansan Jinst waift amtit	Matti anita izita taini ahili atnii 100	INNI M (RN)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112004 Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number		plied For
Davenport, Fi		Davenport, FI-		}	59-3755399	h	t Applicable
Zip Country		Zip Country					
Zip 3383	7 Polk	33837	POIK-	<u> </u>	5. Certificate of Status Desire	d S8.75 Add	j
<u> </u>							
GALLOWAY, DAVID H				Fai	Faiyaaz M. Jhaveri		
506 N. ALEXANDER STREET				Street Address (P.O. Box Number is Not Acceptable)			
PLANT CITY, FL 33566				<u>221</u>	7 North B	VA WEST	
			City D	ave	nport	FL Zip Sog	837
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 FM- / 27/0 4							
1: u Signature, typed or provid name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  On the control of the							
9. Election Campaign Financing \$5.00 May Be							
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Added to Fees  Trust Fund Contribution Added to Fees							
10.	OFFICERS AND D	IRECTORS	11,		ADDITIONS/CHANGES TO (	OFFICERS AND DIRECTOR	S IN 11
TITLE D	LOWAY DAVED II	Delete	TITLE			☐ Change	Addition
1 1	LOWAY, DAVID H N. ALEXANDER STREET	(	NAME STREET ADDRESS	l			
1	NT CITY, FL 33566		CITY-ST-ZIP				
TITLE D	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		<del></del>	☐ Change	Addition
NAME JHA	VERI, FAIYAAZ		NAME				
	8 GOLF COURSE PARKWAY	i	STREET ADDRESS				
<del> </del>	/ENPORT, FL 33837		CITY-ST-ZIP				
TITLE D	SEK, RANDY	Delete	, TITLE NAME	. =	2 <del></del>	Change	☐ Addition
	3 POLO PLACE		STREET ADDRESS				
1 1	NT CITY, FL 33567		CITY-ST-ZIP				
TITLE D		☐ Delete	TITLE			Change	Addition
	EARY, ANDREW		NAME				
1 1	GOLD COURSE PARKWAY		STREET ADDRESS CITY-ST-ZIP	ĺ			
<del></del>	/ENPORT, FL 33837					Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	:		STREET ADDRESS	ļ	•	£	
CITY-ST-ZIP	· , ` ` ` _		CITY-ST-ZIP		<u>·                                      </u>		
TITLE .		Delete .	TITLE	[ ;		Change	Addition
NAME	And the second of the second o		NAME		المستام وأحا المعبد والبرا	make a designation of the sale	
STREET ADDRESS	and the second s	ere ja ta <u>u</u> in d <u>i</u> el	STREET ADDRESS CITY-ST-ZIP		The figure is the first the same appears from the same and the same appears to the same and the same appears to the same appea	م ديونيو کي اسياني د	
	that the information cumplied with t	this filing does not qualify for the	,	ted in Se	ction 119.07(3)(i). Florida Statul	tes. I further certify that the i	nformation
indicated on thi	that the information supplied with is report or supplemental report is	true and accurate and that my	signature shall h	ave the s	same legal effect as if made un	der oath; that I am an office	or director

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 office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2700

Daytime Phone #