
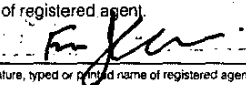
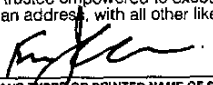


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-01-2004 90052 042 \*\*\*150.00

<b>DOCUMENT # P01000099547</b> 1. Entity Name <b>FLORIDA PROSTATE INSTITUTE, INC.</b>																																																																																																																													
Principal Place of Business <b>506 N. ALEXANDER STREET PLANT CITY, FL 33566</b>			Mailing Address <b>506 N. ALEXANDER STREET PLANT CITY, FL 33566</b>																																																																																																																										
2. Principal Place of Business <b>2217 N Blvd West</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1068</b> Suite, Apt. #, etc.																																																																																																																											
City & State <b>Davenport, FL</b> Zip <b>33837</b> Country <b>Polk</b>		City & State <b>Davenport, FL</b> Zip <b>33837</b> Country <b>Polk</b>		4. FEI Number <b>59-3755399</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent <b>GALLOWAY, DAVID H 506 N. ALEXANDER STREET PLANT CITY, FL 33566</b>																																																																																																																													
7. Name and Address of New Registered Agent Name <b>Faiyaz M. Jhaveri</b> Street Address (P.O. Box Number is Not Acceptable) <b>2217 North Blvd West</b> City <b>Davenport</b> <b>FL</b> Zip Code <b>33837</b>																																																																																																																													
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:  DATE: <b>2/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																										
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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 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.																																																																																																																													
<b>SIGNATURE:</b>  <b>2-27-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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