2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012484

Entity Name: PROSTOCARE OF SOUTH FLORIDA, INC.

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
PO BOX 565932 PINECREST, FL 33256			9301 SW 92 AVE #A10 MIAMI, FL 33176	9301 SW 92 AVE #A109 MIAMI, FL 33176	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 5 PINECRE	665932 ST, FL 33256				
FEI Number	: 59-3795542	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	Z, RAUL A 92 AVE #A109 33176 US				
	e named entity s e of Florida.	submits this statement for the p	purpose of changing its registered	l office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SANCHEZ, RAU 9301 SW 92 AV MIAMI, FL 331	/E #A109	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL A SANCHEZ D 02/11/2009