

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059512

1. Entity Name

PROSTATE SERVICES OF AMERICA, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90086 034 ***150.00

Principal Place of Business

Mailing Address

1665 PALM BEACH LAKES BLVD., SUITE 600
WEST PALM BEACH FL 33401

1665 PALM BEACH LAKES BLVD., SUITE 600
WEST PALM BEACH FL 33401-2104

2. Principal Place of Business

3. Mailing Address

2655 North Ocean Dr
Suite, Apt. #, etc.
405

2655 North Ocean Dr
Suite, Apt. #, etc.
405

City & State

City & State

Singer Island, FL
Zip 33404 Country USA

Singer Island, FL
Zip 33458 Country USA

4. FEI Number

65-0986867

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

TARONE, THEODORE T JR
1665 PALM BEACH LAKES BLVD., SUITE 600
WEST PALM BEACH FL 33401

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Vladimir Feygelman
CITY-ST-ZIP 2742 Duck Horn Oaks Dr.
VALRICO, FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V.P. CLINICAL AFFAIRS
STREET ADDRESS Jay L. Friedland
CITY-ST-ZIP 5211 Oak Charter Ct
TAMPA, FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V.P. - COO
STREET ADDRESS Theodore T. TARONE
CITY-ST-ZIP 3510 North Flagler Dr.
West Palm Beach, FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CONSULTANT to the Company
STREET ADDRESS Bruce E. Wiita
CITY-ST-ZIP 848 Lakeside Dr.
North Palm Beach, FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V.P. Sales + Marketing
STREET ADDRESS Gregory D. Wiita
CITY-ST-ZIP 15421 70th Terrace North
Palm Beach Gardens, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore T. Tarone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 561-842-7595

CR2E034 (9/99)