

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059512

1. Entity Name

PROSTATE SERVICES OF AMERICA, INC.

Principal Place of Business

2655 NORTH OCEAN DR
405
SINGER ISLAND FL 33404
US

Mailing Address

2655 NORTH OCEAN DR
405
SINGER ISLAND FL 33404
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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 P
NAME FEYGELMAN, VLADIMIR
STREET ADDRESS 2742 BUCK HORN OAKS DR
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE VPCA
NAME FRIEDLAND, JAY L
STREET ADDRESS 5211 OAK CHARTER CT
CITY-ST-ZIP TAMPA FL 33617 ☒ Delete

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

TITLE VPCO
NAME TARONE, THEODORE T
STREET ADDRESS 3510 NORTH FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE C
NAME WIITA, BRUCE E
STREET ADDRESS 848 LAKESIDE DR
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE VPSM
NAME WIITA, GREGORY D
STREET ADDRESS 15421 70TH TERRACE N
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 information.

SIGNATURE:

Charles H. Hume
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-01 (561) 842-8900

0283385

CR2E034 (10/00)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90035 027 ***150.00

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DO NOT WRITE IN THIS SPACE