FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V70407 (4)

1. Corporation Name
PROSTATE CENTER MANAGEMENT, INC.

Principal Place of Business
3227 BENNET STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address
3227 BENNET STREET NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business
21 6002 49th St N
Suite, Apt. #, etc.
22
City & State
23 St Petersburg, Fl
Zip 24 33709 Country 25

2a. Mailing Address
26 6002 49th St N
Suite, Apt. #, etc.
27
City & State
28 St. Petersburg, Fl
Zip 29 33709 Country 30

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-3158676 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BARNES, TIMOTHY R.
3227 BENNET STREET NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81 Name: Sharon J. Olive
82 Street Address (P.O. Box Number is Not Acceptable): 6002 49th Street N
83
84 City: St Petersburg FL 85 Zip Code: 33709

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 5/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SCHEUREN, JOHN P	
STREET ADDRESS	711 12TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	☐ DELETE
NAME	JOHNSON JR., ROSS T	
STREET ADDRESS	1011 JEFFORDS STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	☐ DELETE
NAME	YORK, WOODY N	
STREET ADDRESS	1209 SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1392 Monterey Blvd NE	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1223 Roxmere Rd	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-8-96 813-521-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #