

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V70407**

1. Entity Name

PROSTATE CENTER MANAGEMENT, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90478 001 ***150.00

036089

Principal Place of Business	Mailing Address
6002 49TH ST N ST PETERSBURG FL 33709 US	6002 49TH ST NO ST PETERSBURG FL 33709 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3158676	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVE SHARON, J 100 N. TAMPA STREET SUITE 1800 ST PETERSBURG FL 33709	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 State10. 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	D SCHEUREN, JOHN P	TITLE	
NAME	1329 MONTEREY BLVD NE	NAME	
STREET ADDRESS	ST PETERSBURG FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D JOHNSON JR., ROSS T	TITLE	
NAME	1011 JEFFORDS STREET	NAME	
STREET ADDRESS	CLEARWATER FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D YORK, WOODY N	TITLE	
NAME	1223 ROXMERE RD	NAME	
STREET ADDRESS	TAMPA FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD BERGNER, DONALD M	TITLE	
NAME	33920 US 19N	NAME	
STREET ADDRESS	PALM HARBOR FL 34684	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD LAROSA, WILLIAMS R JR	TITLE	
NAME	1011 JEFFORS STREET	NAME	
STREET ADDRESS	CLEARWATER FL 34616	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST GORDON, MARK R	TITLE	
NAME	601 7TH STREET	NAME	
STREET ADDRESS	SAINT PETERSBURG FL 33701	STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)