

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F54931 (3)
1. Corporation Name
DREILING MEDICAL MANAGEMENT CORPORATION



Principal Place of Business C/O LEATRICE DREILING 407 LINCOLN ROAD STE 700 MIAMI BEACH FL 33139 US	Mailing Address C/O LEATRICE DREILING 407 LINCOLN ROAD STE 700 MIAMI BEACH FL 33139 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1981	
4. FEI Number 59-2261785		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		9. Name and Address of Current Registered Agent	

**DREILING, LEATRICE
407 LINCOLN ROAD
STE 700
MIAMI BCH. FL 33139**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DREILING, LEATRICE	1.2 NAME	
STREET ADDRESS	407 LINCOLN RD STE 700	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH. FL	1.4 CITY - ST - ZIP	
TITLE	VS ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MORIBER, SARA D.	2.2 NAME	
STREET ADDRESS	401 LINCOLN DR STE 700	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BCH. FL	2.4 CITY - ST - ZIP	
TITLE	SV ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LEASE, JUDY	3.2 NAME	Lease, Judy
STREET ADDRESS	401 LINCOLN RD STE 700	3.3 STREET ADDRESS	407 Lincoln Road STE 700
CITY - ST - ZIP	MIAMI BCH. FL	3.4 CITY - ST - ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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:

Leatrice Dreiling

4/1/98

CR2E034 (10/97)