

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

03-13-2006 90082 022 ***158.75

DOCUMENT # F54931



1. Entity 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**

66021686



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2261785

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

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

Name
Alex Binstock
Street Address (P.O. Box Number is Not Acceptable)
One Datran Center
9100 S. Dadeland Blvd Suite 901
City **Miami**, FL **FL** Zip Code **33156-7815**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALEX BINSTOCK**

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

(NOTE: Registered Agent signature required when reinstating)

Alex Binstock
7/6/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPT
DREILING, LEATRICE
407 LINCOLN RD STE 700
MIAMI BEACH, FL 33139** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
LEASE, JUDY
407 LINCOLN RD SUITE 700
MIAMI BEACH, FL 33139** ☐ Delete

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06 305-534-5102
Date Daytime Phone #



Dreiling Medical Management Corporation

ATTACHMENT

407 Lincoln Road • Suite 700 • Miami Beach, FL 33139 • Tel: 305.534.5102 • Fax: 305.673.1916

66021686
F54931

July 5, 2006

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that we were misinformed and we were not aware that the new registered agent listed on the 2006 Annual Report was required to sign the document. Subsequently he has signed the document enclosed.

We would appreciate the waiver of the penalty due to this oversight.

Very truly yours,

Judy Lease

Enclosure