

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54931

FILED
Jan 19, 2009
Secretary of State

Entity Name: DREILING MEDICAL MANAGEMENT CORPORATION

Current Principal Place of Business:

C/O LEATRICE DREILING
407 LINCOLN ROAD STE 700
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O LEATRICE DREILING
407 LINCOLN ROAD STE 700
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 59-2261785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINSTOCK, ALEX
ONE DATRAN CENTER
9100 S DADELAND BLVD STE 901
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: DREILING, LEATRICE
Address: 407 LINCOLN RD STE 700
City-St-Zip: MIAMI BEACH, FL 33139

Title: PTS () Delete
Name: LEASE, JUDY
Address: 407 LINCOLN RD SUITE 700
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY LEASE

PTS

01/19/2009

Electronic Signature of Signing Officer or Director

Date