

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F54931

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** DREILING MEDICAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

DREILING MEDICAL MANAGEMENT CORP.  
407 LINCOLN ROAD STE 700  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

DREILING MEDICAL MANAGEMENT CORP.  
407 LINCOLN ROAD, STE 700  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

DREILING MEDICAL MANAGEMENT CORP.  
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: PTS  
Name: LEASE, JUDY  
Address: 407 LINCOLN RD SUITE 700  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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 all other like empowered.

SIGNATURE: JUDY LEASE

PTS

01/07/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date