

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G69331

FILED
Mar 27, 2009
Secretary of State**Entity Name:** RENAL CARE OF OIL CITY, INC.**Current Principal Place of Business:**C/O LEATRICE DREILING
407 LINCOLN ROAD STE 700
MIAMI BEACH, FL 33139 US**New Principal Place of Business:**DREILING MEDICAL MANAGEMENT
407 LINCOLN ROAD STE 700
MIAMI BEACH, FL 33139 US**Current Mailing Address:**C/O LEATRICE DREILING
407 LINCOLN ROAD STE 700
MIAMI BEACH, FL 33139 US**New Mailing Address:**DREILING MEDICAL MANAGEMENT
407 LINCOLN ROAD STE 700
MIAMI BEACH, FL 33139 US**FEI Number:** 25-1469170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BINSTOCK, ALEX
9100 S DADELAND BLVD STE 1600
MIAMI, FL 331567815 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

OFFICERS AND DIRECTORS:**Title:** PTD (X) Delete
Name: DREILING, LEATRICE
Address: 407 LINCOLN RD STE 700
City-St-Zip: MIAMI, FL 33138**Title:** PTD () Delete
Name: LEASE, JUDY
Address: 407 LINCOLN RD., STE. 700
City-St-Zip: MIAMI BEACH, FL 33139**Title:** S () Delete
Name: BROOKER, DAVID
Address: 6945 US RT. 322, P.O. BOX 508
City-St-Zip: CRANBERRY, PA 16319**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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

PTD

03/27/2009

Electronic Signature of Signing Officer or Director

Date