

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90021 038 ***158.75

DOCUMENT # H81206

1. Entity Name
PENNSYLVANIA DIALYSIS CLINIC OF READING, INC.



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**

40030537



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

59-2590120

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
SUITE 700
MIAMI BEACH, FL 33139**

Name

Alex Binstock

Street Address (P.O. Box Number is Not Acceptable)

One Datan Center

City

**9100 S. Dadeland Blvd.
Miami, FL**

Suite 901

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)

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 **SD** ☐ Delete
NAME **MITNICK, PAUL**
STREET ADDRESS **301 S SEVENTH AVE.**
CITY-ST-ZIP **READING, PA 19611**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #