2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81206

FILED Jan 19, 2009 Secretary of State

Entity Name: PENNSYLVANIA DIALYSIS CLINIC OF READING, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2590120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BINSTOCK, ALEX
ONE DATRAN CNTR
9100 S DADELAND BLVD, STE 901
MIAMI, FL 331567815 US

BINSTOCK, ALEX
ONE DATRAN CNTR
9100 S DADELAND BLVD, STE 1600
MIAMI, FL 331567815 US

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: ALEX BINSTOCK 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition

Name: MITNICK, PAUL, Name: MITNICK, PAUL,

 Address:
 301 S SEVENTH AVE.
 Address:
 301 S SEVENTH AVE., #355

 City-St-Zip:
 READING, PA 19611
 City-St-Zip:
 READING, PA 19611

Title: PDT () Delete Title: () Change () Addition

 Name:
 LEASE, JUDY
 Name:

 Address:
 407 LINCOLN RD SUITE 700
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 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 PDT 01/19/2009