

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000098112 (0)

1. Corporation Name

RAINBOW PEDIATRICS OF BOCA RATON, P.A.  
South Florida



Principal Place of Business

Mailing Address

9291 GLADES ROAD  
BOCA RATON FL 33434

9291 GLADES ROAD  
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

4. FEI Number

65-0793072

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

N/A

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

# 306

22 City & State

23 Zip

Country

24

25

26

Suite, Apt. #, etc.

# 306

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPICER, DAVID W  
222 LAKEVIEW AVENUE ESPERANTE  
SUITE 600  
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME OCAMPO, NORINA B  
STREET ADDRESS 6641 N.W. 43RD TERRACE  
CITY-ST-ZIP BOCA RATON FL 33496

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS 4291 GLADES ROAD #306  
1.4 CITY-ST-ZIP BOCA RATON, FL 33434

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME JON ALBRECHT, JONI  
2.3 STREET ADDRESS 3491 WOOLBRIGHT ROAD #306  
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33436

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 500002522465  
4.4 CITY-ST-ZIP -05/13/98--01025--024  
\*\*\*150.00

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 500002522465  
5.4 CITY-ST-ZIP -05/13/98--01025--023  
\*\*\*8.75

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Norina B. Ocampo

4/21/98 (511)487-5437

CR2E034 (10/97)