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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098112**

1. Corporation Name
RAINBOW PEDIATRICS OF SOUTH FLORIDA, P.A.

Principal Place of Business	Mailing Address
9291 GLADES ROAD. #306 BOCA RATON FL 33434	9291 GLADES ROAD. #306 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/18/1997

2. Principal Place of Business	2a. Mailing Address
21 9970 CENTRAL PARK BLVD	26 9970 CENTRAL PARK BLVD
Suite, Apt. #, etc. 22 SUITE 204	Suite, Apt. #, etc. 27 SUITE 204
City & State 23 BOCA RATON FLORIDA	City & State 28 BOCA RATON FLORIDA
Zip / Country 24 33428 25	Zip / Country 29 33428 30

4. FEI Number: 65-0793072 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year tangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	OCAMPO, NORINA B		1.2 NAME	OCAMPO, NORINA B	
STREET ADDRESS	9291 GLADES ROAD, #306		1.3 STREET ADDRESS	9970 CENTRAL PARK BLVD. SOUTH (SUITE 204)	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	JONI ALBRECHT		2.2 NAME	JONI ALBRECHT	
STREET ADDRESS	3491 WOOLBRIGHT ROAD,#306		2.3 STREET ADDRESS	3389 B WOOLBRIGHT ROAD	
CITY-ST-ZIP	BOYNTON BCH FL 33436		2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Norina B Ocampo MD 1/17/99 (561)487-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)