2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90183 016 ***150.00

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DOCUMENT # H15735

1. Entity Name
RAINBOW MEDICAL ELECTRONICS, INC.

Principal Place of Business	Mailing Address
4541 NE 1ST TERRACE POMPANO BEACH FL 33064	4541 NE 1ST TERRACE POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4235 GATOR TRACE AVE	4235 GATOR TRACE AVE
Suite, Apt. #, etc. BUILDING 10 - UNIT B	Suite, Apt. #, etc. BUILDING 10 - UNIT B
City & State FT. PIERCE, FL	City & State FT. PIERCE, FL
Zip: 34982 Country: ST. LUCIE	Zip: 34982 Country: ST. LUCIE

4. FEI Number 59-2439429 ☐ 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
ANDERSON, OLIVIA M. 4541 N.E. 1ST TERRACE POMPANO BEACH FL 33064	Name: ANDERSON, OLIVIA M. Street Address (P.O. Box Number is Not Acceptable): 4235 GATOR TRACE AVE BUILDING 10 - UNIT B City: FT. PIERCE, FL Zip Code: 34982

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.

SIGNATURE: OLIVIA M. ANDERSON Olivia M Anderson VST 01/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, DENNIS 4541 N.E. 1ST TERRACE POMPANO BEACH FL	☐ Delete	PD DENNIS ANDERSON 4235 GATOR TRACE AVE, BLDG 10-UNIT B FT. PIERCE, FL 34982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST ANDERSON, OLIVIA 4541 NE 1ST TERRACE POMPANO BCH. FL	☐ Delete	VST OLIVIA ANDERSON 4235 GATOR TRACE AVE, BLDG 10-UNIT B FT. PIERCE, FL 34982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Olivia M. Anderson OLIVIA M. ANDERSON 01/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (561) 545-3905