

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H15735

FILED  
Feb 25, 2010  
Secretary of State

**Entity Name:** RAINBOW MEDICAL ELECTRONICS, INC.

**Current Principal Place of Business:**

1581 SW LATSHAW AVE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1581 SW LATSHAW AVE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 59-2439429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, OLIVIA M.  
1581 SW LATSHAW AVE  
PORT SAINT LUCIE, FL 34953 US

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

ANDERSON, OLIVIA M VP,S,T  
1581 SW LATSHAW AVE  
PORT SAINT LUCIE, FL 34953 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:** OLIVIA M. ANDERSON

02/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ANDERSON, DENNIS C PRES.  
**Address:** 1581 SW LATSHAW AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** VST  
**Name:** ANDERSON, OLIVIA M VP,S,T  
**Address:** 1581 SW LATSHAW AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

**SIGNATURE:** OLIVIA M. ANDERSON

VP

02/25/2010

Electronic Signature of Signing Officer or Director

Date