2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90086 006 ***150.00

0606476 AV

DOCUMENT # H15735

1. Entity Name
RAINBOW MEDICAL ELECTRONICS, INC.

Principal Place of Business
~~4235 GATOR TRACE AVE~~
~~BLDG 10 UNIT B~~
~~FORT PIERCE FL 34982~~

Mailing Address
~~4235 GATOR TRACE AVE~~
~~BLDG 10 UNIT B~~
~~FORT PIERCE FL 34982~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1581 S.W. LATSHAW AVE.	1581 SW. LATSHAW AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT SAINT LUCIE, FL	City & State: PORT SAINT LUCIE, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

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

ANDERSON, OLIVIA M.
~~4235 GATOR TRACE AVE~~
~~BLDG 10 UNIT B~~
~~FORT PIERCE FL 34982~~
1581 SW LATSHAW AVE
PORT SAINT LUCIE, FL
34953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE OLIVIA M. ANDERSON VST, [signature] 01/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, DENNIS 1581 S. W. Latshaw Avenue Port Saint Lucie, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST ANDERSON, OLIVIA 1581 S. W. Latshaw Avenue Port Saint Lucie, FL 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] OLIVIA M. ANDERSON 01/15/03 (772) 708-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)