


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90156 043 \*\*\*\*50.00

<b>DOCUMENT # L06000043850</b>	
1. Entity Name <b>RAINBOW LEGAL &amp; MEDICAL SERVICES, LLC</b>	

Principal Place of Business <b>2601 NE 32ND STREET, APT #1 FORT LAUDERDALE FL 33306</b>	Mailing Address <b>2601 NE 32ND STREET, APT #1 FORT LAUDERDALE FL 33306</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. Box 780</b>
Suite, Apt. #, etc. <b>237 NE pruce Ave Apt W</b>	Suite, Apt. #, etc.
City & State <b>LAUDERDALE By the Sea FL</b>	City & State <b>DADE COUNTY, FL</b>
Zip <b>33308</b>	Country <b>USA</b>
Zip <b>33061</b>	Country <b>USA</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>55-0912186</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>STOPCZYNSKI, GERALD E 2601 NE 32ND STREET, APT #1 FORT LAUDERDALE FL 33306</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>237 pruce Ave Apt W</b> City <b>LAUDERDALE By the Sea FL</b> Zip Code <b>33308</b>	

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 **Gerald E Stopczynski** **3/16/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM STOPCZYNSKI, GERALD E 2601 NE 32ND STREET, APT #1 FORT LAUDERDALE FL 33306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>237 pruce Ave Apt W LAUDERDALE By the Sea, FL 33308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Gerald E Stopczynski** **3/16/07 907-24-0927**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #