2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90239 041 ***138.75

DOCUMENT # L06000043850

1. Entity Name

RAINBOW LEGAL & MEDICAL SERVICES, LLC

Principal Place of Business	Mailing Address
237 NEPTUNE AVE APT W LAUDERDALE BY THE SEA FL 33308	PO BOX 780 POMPANO BEACH FL 33061

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. ~~Gerald E. Stopczynski~~	Suite, Apt. #, etc.
City & State ~~3226 NW 123rd Avenue~~ Sunrise, FL 33323	City & State
Zip / Country USA	Zip / Country

4. FEI Number 55-0917186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOPCZYNSKI, GERALD E 237 NEPTUNE AVE APT W LAUDERDALE BY THE SEA FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) Dr. Gerald E. Stopczynski ~~3226 NW 123rd Avenue~~ Sunrise, FL 33323 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 [signature], [signature] 3/1/08

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	STOPCZYNSKI, GERALD E		NAME	Dr. Gerald E. Stopczynski	
STREET ADDRESS	237 NEPTUNE AVE APT W		STREET ADDRESS	3226 NW 123rd Avenue	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 3/1/08 954 249-0924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #