

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043850

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** RAINBOW LEGAL & MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

3226 NW 123RD AVENUE  
SUNRISE, FL 33323

**New Principal Place of Business:**

1775 N ANDREWS SQUARE  
SUITE 204 W  
FT LAUDERDALE, FL 33311

**Current Mailing Address:**

PO BOX 780  
POMPANO BEACH, FL 33061

**New Mailing Address:**

**FEI Number:** 55-0917186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOPCZYNSKI, GERALD E DR.  
3226 NW 123RD AVENUE  
FORT LAUDERDALE, FL 33323 US

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

STOPCZYNSKI, GERALD E DR.  
1775 N ANDREWS SQUARE  
SUITE 204 W  
FT LAUDERDALE, FL 33311 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/19/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STOPCZYNSKI, GERALD E DR.  
Address: 1775 N ANDREWS SQUARE SUITE 204 W  
City-St-Zip: FT LAUDERDALE, FL 33311

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DR GERALD E STOPCZYNSKI

MGRM

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date