

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005658

1. Entity Name

RAINBOW HEALTH COMMUNITY CARE GROUP CORP.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90228 036 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 160507
HIALEAH FL 33016

POST OFFICE BOX 160507
HIALEAH FL 33016-0009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948293

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTIZ-MEDINA, MERCEDES ARMAS
5306 S.W. 153RD PLACE S
MIAMI FL 33185-5809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

33016

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Rodriguez 15906 NW 55 Ave Miami FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Medina 5306 SW 153 PL SO. Miami FL 33185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Roberto Rios 26906 NW 80 ST Miami FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marlene M. Medina 3306 SW 153rd PL SO Miami FL 33185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Director) Diana Cohen 17324 NW 76th Court Miami FL 33015	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)