

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094414

FILED
Apr 06, 2004
Secretary of State

Entity Name: RAINBOW PEDIATRICS, P.A.

Current Principal Place of Business:

40124 HIGHWAY 27
SUITE 102
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

40124 HIGHWAY 27
SUITE 102
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 59-3674624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KAHLON, HARPREET K MD
Address: 1554 BOREN DRIVE SUITE 100
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: KAHLON, HARPREET K MD
Address: 40124 HWY 27 SUITE 102
City-St-Zip: DAVENPORT, FL 33837

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARPREET K. KAHLON

PSDT

04/06/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date