

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 048 ***150.00

DOCUMENT # P00000094414	
1. Entity Name	
Rainbow Pediatrics P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40124 Hwy 27 N Suite 102		3. Mailing Address 40124 Hwy 27 N Suite 102	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davenport, FL		City & State Davenport, FL	
Zip 33837	Country	Zip 33837	Country

40062077

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3674624		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 S.W. 22ND ST.	
4TH FLOOR	
City Miami	FL Zip Code 33145

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAHLON, HARPREET K MD 40124 HWY 27 SUITE 102 DAVENPORT FL 33837
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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 607, Florida Statutes; and that my name appears in Block 10 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 #

3/29/07 863-421-2799