


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90001 003 ***150.00

DOCUMENT # P00000104896		
1. Entity Name RAINBOW PEDIATRICS OF BOYNTON BEACH, INC.		

Principal Place of Business 3389 B WOOLBRIGHT ROAD BOYNTON BEACH FL 33436	Mailing Address 3389 B WOOLBRIGHT ROAD BOYNTON BEACH FL 33436
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2. Principal Place of Business		3. Mailing Address 96111 Service Mailroom 11002 S. Military Trail PMB #426	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Boynton Beach FL	
Zip	Country	Zip	Country
33436		33436	US



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent COHEN, JEFFREY L ESQ. 54 N.E. FOURTH AVENUE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRECHT, JOHANNA MD 3389 B WOOLBRIGHT RD BOYNTON BEACH FL 33436 <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"/> Delete	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"/> Delete	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 607, 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:  5/31/05 561 733 0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #