

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90178 035 ***150.00

DOCUMENT # P01000028512

1. Entity Name
RAINBOW MEDICAL MANAGEMENT, INC.



Principal Place of Business
**5718 NW 70TH TERRACE
TAMARAC, FL 33321**

Mailing Address
**5718 NW 70TH TERRACE
TAMARAC, FL 33321**

2. Principal Place of Business

397 Mulberry Grove Road

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

City & State

Royal Palm Beach FL

Zip

33411

Country

Zip

Country

03092006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-1094247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TENNEHOUSE, DAVID P
5718 NW 70TH TERRACE
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name

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

397 Mulberry Grove Road

City

Royal Palm Beach FL

Zip Code

33411

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TENNEHOUSE, DAVID P**
STREET ADDRESS **5718 NW 70TH TERRACE**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **397 Mulberry Grove Road**
CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: **DAVID P TENNEHOUSE** 4-1-06 561-843-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #