

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000028512

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** RAINBOW MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

7154 N.UNIVERSITY DRIVE  
SUITE 104  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

6742 FOREST HILL BLVD.  
SUITE 175  
WEST PALM BEACH, FL 33413 US

**New Mailing Address:**

**FEI Number:** 65-1094247      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TENNENHOUSE, DAVID P CEO  
7154 N. UNIVERSITY DRIVE  
SUITE 104  
TAMARAC, FL 33321 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:** D  
**Name:** TENNENHOUSE, DAVID P  
**Address:** 7154 N. UNIVERSITY DRIVE SUITE 104  
**City-St-Zip:** TAMARAC, FL 33321 US

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID P TENNENHOUSE

CEO

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date