

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102938

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: RAINBOW MEDICAL EQUIPMENT & SUPPLIES, INC.

## Current Principal Place of Business:

14786 HORSESHOE TRACE  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

14786 HORSESHOE TRACE  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 26-3763841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YEEND, CASTANEDA & FLYNN, LLP  
1109 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406 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: DT ( ) Delete  
Name: CRUZ, CATALINA  
Address: 14786 HORSEHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: DVP ( ) Delete  
Name: CRUZ, ISIDRO  
Address: 14786 HORSEHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: DS ( ) Delete  
Name: BEVACQUA, FRANK  
Address: 14786 HORSEHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: DP ( ) Delete  
Name: BEVACQUA, IRENE  
Address: 14786 HORSEHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IRENE BEVACQUA

P

01/26/2009

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

\_\_\_\_\_  
Date