

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102938

FILED
Apr 01, 2010
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
Name: CRUZ, CATALINA
Address: 14786 HORSEHOE TRACE
City-St-Zip: WELLINGTON, FL 33414

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

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

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

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: IRENE BEVACQUA

PR

04/01/2010

Electronic Signature of Signing Officer or Director

Date