FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

SUITE 405

Suite, Apt. #, etc

Suite 640

City & State

Zip

33062



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

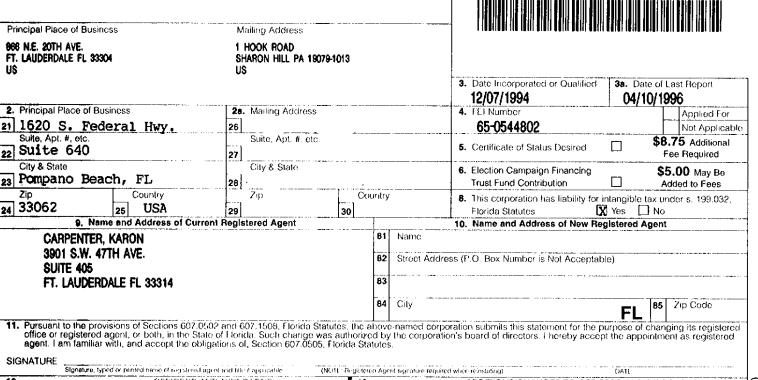
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400089101 (7)

RAINBOW MEDICAL ARTS, INC.

Principal Place of Business	Mailing Address	
988 N.E. 20TH AVE. FT. LAUDERDALE FL 33304 US	1 HOOK ROAD SHARON HILL PA 19079-1013 US	

FILED May 06 1997 8:00am Secretary of State



SIGNATURE Signature, typed or printed harne of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 THUE Change Addition MIRRA, RAYMOND A JR. NAME 1.2 NAME ONE HOOK RD. STREET ADDRESS 1.3 STREET ADDRESS **SHARON HILL PA 19079** CITY-ST-ZIP 1.4 CHTY - \$1 - 74P DELFTE TITLE Change 21111118 Addition STEPANUK, KEVIN B NAME 22 NAME Kevin D. Stepanuk 14 BRICKELL DR. STREET ADDRESS 2 3 STREET ADDRESS One Hook Road HADDENFIELD NJ 08033 CITY-ST-ZIP 2 4 CHY+S1-7(P Sharon Hill, PA 19079 TITLE DELETE Change Addition 3131111 MOHANACS, JOHN P NAME 3.2 NAME John P. Mohnacs 4956 FITLER ST. STREET ADDRESS 3.3 STREET ADDRESS One Hook Road PHILADEPHIA PA CITY-ST-ZIP 3 4. CITY - \$1 - ZIP Sharon_Hill, PA-19079 DELETE TITLE 4.1 TILLE Change Addition NAME Victor Battaglia 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS One Hook Road CITY-ST-ZIP Sharon Hill, PA 19079 4.4 CHY - \$1 - ZIP 🔲 DELETE ☐ Change 5.1 1HU Collibba NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DETETE TITLE Change 6.1 1111.8 ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. Ido 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, or or

Kevin D. Stepanuk 4/23/97 610-586-8514