

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000089101 (7)**

1. Corporation Name  
**RAINBOW MEDICAL ARTS, INC.**



Principal Place of Business <b>1630 S. FEDERAL HWY SUITE 640 POMPANO BEACH FL 33062 US</b>	Mailing Address <b>1 HOOK ROAD SHARON HILL PA 19079 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>12/07/1994</b>	
25		30		4. FEI Number <b>65-0544802</b>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARPENTER, KARON  
3901 S.W. 47TH AVE.  
SUITE 405  
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

81 Name <b>Raymond A. Mirra, Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2932 North Atlantic Blvd.</b>
83
84 City <b>Ft. Lauderdale</b>
85 Zip Code <b>FL 33308</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Raymond A. Mirra, Jr.* **Raymond A. Mirra, Jr.** **4/20/98**  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIRRA, RAYMOND A JR.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE HOOK RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHARON HILL PA 19079</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPANUK, KEVIN B</b>	2.2 NAME	
STREET ADDRESS	<b>ONE HOOK ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHARON HILL PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOHNACS, JOHN P.</b>	3.2 NAME	
STREET ADDRESS	<b>ONE HOOK ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHARON HILL PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATTAGLIA, VICTOR</b>	4.2 NAME	<b>Raymond A. Mirra, Jr.</b>
STREET ADDRESS	<b>ONE HOOK ROAD</b>	4.3 STREET ADDRESS	<b>One Hook Road</b>
CITY-ST-ZIP	<b>SHARON HILL PA</b>	4.4 CITY-ST-ZIP	<b>Sharon Hill, PA 19079</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Raymond A. Mirra, Jr.* **Raymond A. Mirra, Jr.** **4-20-98** **65-0544802**

CR2E034 (10/97)