

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthant  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036632 (4)

1. Corporation Name

RAINBOW HEALTHCARE, INC.



Principal Place of Business

5274 ADAMS ROAD  
DELRAY BEACH FL 33484

Mailing Address

5274 ADAMS ROAD  
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

05/09/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

4. FEI Number

05-0583657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPURLOCK, PEGGY  
5274 ADAMS ROAD  
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Peggy Spurlock / PEGGY SPURLOCK

4/29/96

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT  
PEGGY SPURLOCK  
5274 ADAMS RD.  
DELRAY BCH, FLA. 33484

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

☐ Change ☐ Addition

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☐ DELETE

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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5. TITLE

6. NAME

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TITLE

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STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy Spurlock / PEGGY SPURLOCK

Date

Signature Printed Name

4/29/96

CR2E034 (12/95)