

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000076377

Entity Name: RAINBOW OB-GYN, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

7200 NW 7TH ST  
150  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

7200 NW 7TH ST  
150  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-0611508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA TORRE, ARMANDO  
7200 NW 7TH ST  
150  
MIAMI, FL 33126 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: VPD ( ) Delete  
Name: DE LA TORRE, ARMANDO  
Address: 7200 NW 7TH ST SUITE 150  
City-St-Zip: MIAMI, FL 33126

Title: PD ( ) Delete  
Name: TUDELA, FRANCISCO G JR.  
Address: 9370 BALADA STREET  
City-St-Zip: SORAL GABLES, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ARMANDO DE LA TORRE

PRES

04/27/2007

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

\_\_\_\_\_  
Date