

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90144 040 ***150.00

0252905 AV

DOCUMENT # P02000062609

1. Entity Name
GEMINIS MEDICAL EQUIPMENT, INC.



Principal Place of Business
**3660 SW 13 STREET
MIAMI FL 33145**

Mailing Address
**3660 SW 13 STREET
MIAMI FL 33145**



2. Principal Place of Business
491 Hialeah Dr

3. Mailing Address
491 Hialeah Dr

Suite, Apt. #, etc.
#2

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip
33010

Country
DADE

Zip
33010

Country
DADE

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PALACIOS, FREDDY
3660 SW 13 STREET
MIAMI FL 33145**

7. Name and Address of New Registered Agent
Name
FREDDY PALACIOS
Street Address (P.O. Box Number is Not Acceptable)
**491 Hialeah Dr
Suite #2**
City
Hialeah FL Zip Code
33010

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PALACIOS, FREDDY
STREET ADDRESS	3660 SW 13 STREET
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date **4/2/03** Daytime Phone # _____

CR2E034 (10/02)