## 2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000138729

**Entity Name: GEMINIMED LLC** 

**Current Principal Place of Business:** 

3000 N. UNIVERSITY DR., STE. E CORAL SPRINGS. FL 33065

**Current Mailing Address:** 

3000 N. UNIVERSITY DR., STE. E CORAL SPRINGS. FL 33065 US

FEI Number: 82-2066772 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, DAVID S `SR 3000 N. UNIVERSITY DR., STE. E CORAL SPRINGS, FL 33065 US

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: DAVID HERNANDEZ 11/16/2018

Electronic Signature of Registered Agent

Date

**FILED** Nov 16, 2018

**Secretary of State** 

CR6753170676

Authorized Person(s) Detail:

Title MGR

Name LEE, DANIEL

Address 3000 N. UNIVERSITY DR., STE. E

City-State-Zip: CORAL SPRINGS FL 33065

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

11/16/2018 SIGNATURE: DANIEL LEE **MGR**