

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001650

Entity Name: GEMINO HEALTHCARE FINANCE, LLC**Current Principal Place of Business:**1 INTERNATIONAL PLAZA, SUITE 220
PHILADELPHIA, PA 19113**Current Mailing Address:**1 INTERNATIONAL PLAZA, SUITE 220
PHILADELPHIA, PA 19113**FEI Number:** 20-8317717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SCHNEIDER, THOMAS M
Address 1 INTERNATIONAL PLAZA, SUITE 220
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name ROSEN, SCOTT
Address 1 INTERNATIONAL PLAZA, SUITE 220
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name HENLEY, CEDRIC
Address 1 INTERNATIONAL PLAZA, SUITE 220
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name ROSCIOLI, MARK
Address 1 INTERNATIONAL PLAZA, SUITE 220
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name SPOHLER, BRUCE
Address 1 INTERNATIONAL PLAZA, SUITE 220
City-State-Zip: PHILADELPHIA PA 19113

Title MANAGER
Name GROSS, MICHAEL
Address 1 INTERNATIONAL PLAZA, SUITE 220
City-State-Zip: PHILADELPHIA PA 19113

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.

SIGNATURE: THOMAS M. SCHNEIDER

MANAGER

04/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date