

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084719

Entity Name: GEMINI HEALTH SERVICES, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

4191 VENTANA BLVD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

4191 VENTANA BLVD
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 54-2163893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDY, LITTLE
4191 VENTANA BLVD
ROCKLEDGE, FL 32955 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GATHERS, GWENDOLYN W
Address: 4191 VENTANA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: LITTLE, RUDY
Address: P.O. BOX 100748
City-St-Zip: PALM BAY, FL 32910

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GWENDOLYN W. GATHERS

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date