

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084719

FILED
Apr 12, 2006
Secretary of State

Entity Name: GEMINI HEALTH SERVICES, LLC

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:

GATHERS, GWENDOLYN W
4191 VENTANA BLVD
ROCKLEDGE, FL 32955 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: GWENDOLYN W. GATHERS

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM (X) 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 Chapter 119, 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 GATHERS

MGRM

04/12/2006

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