

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001650

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** GEMINO HEALTHCARE FINANCE, LLC

**Current Principal Place of Business:**

1 INTERNATIONAL PLAZA, SUITE 220  
PHILADELPHIA, PA 19113

**New Principal Place of Business:**

**Current Mailing Address:**

1 INTERNATIONAL PLAZA, SUITE 220  
PHILADELPHIA, PA 19113

**New Mailing Address:**

FEI Number: 20-8317717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/MANAGERS:**

Title: MGRM  
Name: SCHNEIDER, TOM  
Address: 1 INTERNATIONAL PLAZA, SUITE 220  
City-St-Zip: PHILADELPHIA, PA 19113

Title: MGRM  
Name: GERVAIS, MIKE  
Address: 1 INTERNATIONAL PLAZA, SUITE 220  
City-St-Zip: PHILADELPHIA, PA 19113

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

Title: MGRM  
Name: ALLEN, STACY  
Address: 1 INTERNATIONAL PLAZA, SUITE 220  
City-St-Zip: PHILADELPHIA, PA 19113

I hereby 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: MARK ROSCIOLI

CFO

02/16/2012

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