

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-23-2002 90114 006 ***150.00

DOCUMENT # P01000056447

1. Entity Name
GEMINI MEDICAL GROUP, CORP.

Principal Place of Business

**2833 S.W. 131 PLACE
MIAMI FL 33175**

Mailing Address

**2833 S.W. 131 PLACE
MIAMI FL 33175**

16794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5600 S.W. 135 Ave.

3. Mailing Address

2833 S.W. 131 Place

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami

4. FEI Number

65-1115961

Applied For

Not Applicable

Zip

33183

Country

Zip

33175

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FONTAN, ELIDA
2833 S.W. 131 PLACE
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PO** ☐ Delete
NAME **FONTAN, ELIDA**
STREET ADDRESS **2833 S.W. 131 PLACE**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VD** ☒ Delete
NAME **HERNANDEZ, MAGALY**
STREET ADDRESS **10200 S.W. 86TH ST**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elida Fontan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01 (305) 752-8880
Date Daytime Phone #

CR2E034 (9/01)