


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90003 042 ***150.00

DOCUMENT # P01000056447	
1. Entity Name GEMINI MEDICAL GROUP, CORP.	

Principal Place of Business 5600 S.W. 135 AVE., #206 MIAMI, FL 33183 US	Mailing Address 2833 S.W. 131 PLACE MIAMI, FL 33175 US
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54056502



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5600 SW 135 AVE 206
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03192003 Chg-P CR2E034 (10/03)

City & State MIAMI, FL, 33183	4. FEI Number 65-1115961	Applied For Not Applicable
Zip 33183	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE LA CRUZ, VLADIMIR 5600 S.W. 135TH STE. 206 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DE LA CRUZ, VLADIMIR 5600 S.W. 135TH AVE., STE. 206 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date 5/25/04	Daytime Phone # (305) 752-8880
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