P04000027250

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(-				
(Document Number)				
· · · · · · · · · · · · · · · · · · ·				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700032874257

05/11/04--01082--020 **35.00

OH MAY II PH 4: 42
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

5/11/04 Rochg

TRANSMITTAL LETTER

10:	Division of Corporations
SUBJ	IECT: Gemini Homecare Inc. (Name of corporation)
DOC	UMENT NUMBER: P04000027250
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Deborah K. Hausman, Esq. (Name of person)
	(Ivalie of person)
	Hausman and Farber, P.A. (Name of firm/company)
_	20283 State Road 7 (Address)
	Boca Raton, Fl 33498
	(City/state and zip code)
For fu	urther information concerning this matter, please call:
	Deborah K. Hausman at (561) 883-8111 (Name of person) (Area code & daytime telephone number)
Enclo	ised is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submi	provisions of sections 607.0502, 617.0502, 60 tted for a corporation organized under the lav gistered office or registered agent, or both, in		
1. The name of	the corporation: Gemini Homecare, Inc.		
2. The principal office address: 10830 Cypress Glen Drive, Coral Springs, FI 33071			
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: Feb. 3, 2004	Document number: P04000027250	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
	Richard Goldberg	· · ·	
	10830 Cypress Glen Drive		
	Coral Springs, FI 33071	是第 美	
6. The name and (if changed):	I street address of the new registered agent (if Hausman and Farber, P.A.	changed) and /or registered office	
	20283 State Road 7 Suite 300	2	
	(P.O. Box or personal mailbo	x NOT acceptable)	
	Boca Raton, Fl 33498	·	
The street addre changed will be	ess of its registered office and the street addi e identical.	ress of the business office of its registered agent, as	
Such change we the board, or th	as authorized by resolution duly adopted by e corporation has been notified in writing of	its board of directors or by an officer so authorized by the change.	
Mind	y Li Amar Signature of an officer or director)	Mindy Richman (Printed or typed name and title)	
I further agree duties, and I an heing filed mer	the appointment as registered agent and age to comply with the provisions of all statutes a familiar with and accept the obligation of ely to reflect a change in the registered office writing of this change.	ree to act in this capacity, relative to the proper and complete performance of my my position as registered agent. Or, if this document is e address, I hereby confirm that the corporation has	
eleli	(Signature of Registered Agent)	April 20, 2004 (Date)	
If signing on be	chalf of an entity:	• • •	
Hausman and	21 -	President	
	(Typed or Printed Name)	(Canacity)	

* * * FILING FEE: \$35.00 * * *