

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90079 020 \*\*\*150.00

40046101



<b>DOCUMENT # P04000160805</b> 1. Entity Name <b>GEMINISE MEDICAL CONSULTING, INC.</b>					
Principal Place of Business P.O. BOX 1467 ONECO, FL 34264			Mailing Address P.O. BOX 1467 ONECO, FL 34264		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03292005    Chg-P    CR2E034 (10/03)	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-2343698</div> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>LEE, RICHARD V</b> <b>SUNTRUST CENTER</b> <b>1001 THIRD AVENUE WEST, SUITE 350</b> <b>BRADENTON, FL 34205</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City * <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D OWEN, GEMAIN P.O. BOX 1467 ONECO, FL 34264	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Gemaine Owen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/31/05    (941) 739-3538 <small>Date      Daytime Phone #</small>		