2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016102

Entity Name: GEMINIS REHABILITATION CENTER, INC.

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3845 SW 128 AVE 13780 SW 26 ST MIAMI, FL 33175 US SUITE 204

MIAMI, FL 33175 US

Current Mailing Address: New Mailing Address:

3845 SW 128 AVE 13780 SW 26 ST MIAMI, FL 33175 US SUITE 204

MIAMI, FL 33175 US

FEI Number: 20-2256361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PONZOA, OSVALDO
3845 SW 128 AVE
MIAMI, FL 33175 US
PONZOA, OSVALDO
13780 SW 26 ST
SUITE 204
MIAMI, FL 33175 US

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: OSVALDO PONZOA 02/07/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P () Delete Title: D,P (X) Change () Addition
Name: PONZOA, OSVALDO Name: PONZOA, OSVALDO
Address: 2045 SNA 20 ST SUBTE 204

Address: 3845 SW 128 AVE Address: 13780 SW 26 ST SUITE 204
City-St-Zip: MIAMI, FL 33175
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO PONZOA PD 02/07/2007

Electronic Signature of Signing Officer or Director

Date