2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062318 07 SEP 13 AM 8: 59 GEMINI HEALTHCARE, INC. onene l'Art OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6332 SW. BANKS ST. 6332 SW. BANKS ST. PALM CITY, FL 34990 PALM CITY, FL 34990 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09072007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIASECKI, GUY A Street Address (P.O. Box Number is Not Acceptable) 6332 SW. BANKS ST. PALM CITY, FL 34990 City Zip Code FI 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS THILE ☐ Delete TITLE Change Addition PIASECKI, SHERRY L NAME NAME STREET ADDRESS 6332 SW. BANKS ST. STREET ADDRESS 700109707817 09/20/07--01040--008 **550.00 PALM CITY, FL 34990 CITY-\$1-ZIP CIFY-ST-ZIP VPT ☐ Change ☐ Addition TITLE ☐ Delete PIASECKI, GUY A NAME NAME 6332 SW. BANKS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY - ST - ZIP ☐ Addition Delete TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete HILL ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete Change ■ Addition IIILE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this reper or supplemental report is true and accumate and that my store the corporation of the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered. exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED