

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000086614

FILED
Apr 29, 2011
Secretary of State

Entity Name: GEMINI HEALTH SERVICES, INC.

Current Principal Place of Business:

17140 NW 52 AVENUE
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

17140 NW 52 AVENUE
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 27-3741342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENTE, MAGALY
17140 NW 52 AVENUE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LORENTE, MAGALY
Address: 17140 NW 52 AVENUE
City-St-Zip: OPA LOCKA, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: MAGALY LORENTE

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date