

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000015101 (6)

1. Corporation Name

GEMINI MEDICAL SUPPLY, INC.

Principal Place of Business

Mailing Address

1430 SW
1st STREET #212
MIAMI FL 33135
US

256 NW 42 AVE.
SUITE 312
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1994

4. FEI Number

65-0474156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1430 SW 1 ST

26 256 NW 42 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 212

27 NONE

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33135

25 US

29 33126

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAGA, NEYSI F
8595 NW 2ND TERR
SUITE 205
MIAMI FL 33126

81 Name
NEYSI MORAGA

82 Street Address (P.O. Box Number is Not Acceptable)
8595 NW 2 TERRACE

83

84 City

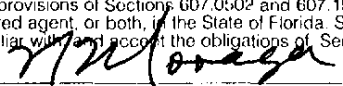
Miami

FL

85 Zip Code
33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

X 
Signature, typed or printed name of registered agent and title if applicable

REGISTERED AGENT, NEYSI MORAGA

02/19/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME MORAGA, NEYSI F
STREET ADDRESS 8595 NW 2ND TERRACE
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

V
NAME GONZALEZ, JESUS A
STREET ADDRESS 5846 SW 2ND TERRACE
CITY-ST-ZIP MIAMI FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X



PRESIDENT, NEYSI MORAGA

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