

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE
AND
FILED

07 JUN 19 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RS



06182007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000047643			
1. Entity Name GEMINI ORTHOPEDIC, CORP			
Principal Place of Business 6701 SUNSET DRIVE 111 MIAMI, FL 33143		Mailing Address 6701 SUNSET DRIVE 111 MIAMI, FL 33143	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0594718		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAICEDO, ELBA M 6730 SW 26 TERRACE MIAMI FL, FL 33155		Name <u>ELBA M. CAICEDO</u> Street Address (P.O. Box Number is Not Acceptable) <u>6701 SUNSET DRIVE # 111</u> City <u>MIAMI</u> FL <u>33143</u>	
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 <u><i>Elba M Caicedo</i></u>		DATE _____	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAICEDO, ELBA M 6730 SW 26 TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Change Address only</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>6701 SUNSET DRIVE #111</u> <u>MIAMI, FL 33143</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAICEDO, ELBA M 6730 SW 26 TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>change Address only</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>6701 SUNSET DRIVE #111</u> <u>MIAMI, FL 33143</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300104742913</u> <u>06/22/07--01040--008 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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 exemptions contained 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 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.			
SIGNATURE: <u><i>Elba M Caicedo</i></u>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			