

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001650

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC2425364825**

**Entity Name:** GEMINO HEALTHCARE FINANCE, LLC

**Current Principal Place of Business:**

1 INTERNATIONAL PLAZA, SUITE 220  
PHILADELPHIA, PA 19113

**Current Mailing Address:**

1 INTERNATIONAL PLAZA, SUITE 220  
PHILADELPHIA, PA 19113

**FEI Number:** 20-8317717

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SCHNEIDER, THOMAS M  
Address        1 INTERNATIONAL PLAZA, SUITE 220  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           ROSCIOLI, MARK  
Address        1 INTERNATIONAL PLAZA, SUITE 220  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           ROSEN , SCOTT  
Address        1 INTERNATIONAL PLAZA, SUITE 220  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           SPOHLER , BRUCE  
Address        1 INTERNATIONAL PLAZA, SUITE 220  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           HENLEY , CEDRIC  
Address        1 INTERNATIONAL PLAZA, SUITE 220  
City-State-Zip: PHILADELPHIA PA 19113

Title           MANAGER  
Name           GROSS , MICHAEL  
Address        1 INTERNATIONAL PLAZA, SUITE 220  
City-State-Zip: PHILADELPHIA PA 19113

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK ROSCIOLI

**MANAGER**

**04/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date