

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)	FDA USE ONLY <div style="font-size: 2em; font-family: cursive;">114182</div>	FDA USE ONLY
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NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).	LABELER CODE 051645 200700	REGISTRATION NUMBER 2432926 1:33
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SECTION A - SITE INFORMATION

REPORTING FIRM NAME Gemini Pharmaceuticals, Inc	STATE OF INC. NY
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SITE ADDRESS (No P.O. Box) 87 Modular Avenue	SITE TELEPHONE NUMBER (631) 543-3334
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CITY Commack	STATE NY	ZIP CODE 11725	COUNTRY USA	BUSINESS CATEGORY <input checked="" type="checkbox"/> HUMAN <input checked="" type="checkbox"/> VETERINARY
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SITE MAILING ADDRESS (If different from site address)

CITY	STATE	ZIP CODE	COUNTRY	SITE INTERNET/EMAIL ADDRESS
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DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable)

PARENT COMPANY NAME

REASON(s) FOR SUBMISSION <input type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input checked="" type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business	TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	PERSON SUBMITTING DATA AND TELEPHONE Andrew Finamore BUSINESS TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____
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SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code	TELEPHONE NUMBER ()
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CITY	STATE	ZIP CODE	COUNTRY	COMPLIANCE INTERNET/EMAIL ADDRESS
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SECTION C - ADDITIONAL FIRM AND SITE INFORMATION

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	

RECEIVED
 DEC 02 2008
 DRLS

OTHER FIRMS DOING BUSINESS AT THIS SITE

LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME

SECTION D - SIGNATURE

SIGNATURE OF AUTHORIZING OFFICIAL 	TITLE President	DATE 11-17-08
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***DISTRIBUTOR'S CERTIFICATION:** As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.

RETURN THIS FORM TO: FOOD AND DRUG ADMINISTRATION CDER/DRUG REGISTRATION AND LISTING (HFD-337) 5600 FISHERS LANE ROCKVILLE, MD 20857 INTERNET: DRLS@FDA.HHS.GOV	SIGNATURE OF DISTRIBUTOR DISTRIBUTOR'S TELEPHONE NUMBER ()
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