

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

FILED

Mar 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **L76944** (2)
1. Corporation Name
GATEWAY HEALTHCARE INCORPORATED

Principal Place of Business
**1040 71ST ST.
MIAMI BEACH FL 33141**

Mailing Address
**1040 71ST ST.
MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified 05/29/1990 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0199861 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| LAPORTA, MARK A. GATEWAY HEALTHCARE 1040 71ST ST. MIAMI BCH FL 33141 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL |
| | | 85 Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|-------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPORTA, MARK A. | 1.2 NAME | |
| STREET ADDRESS | 1040 71 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPORTA, MARK A. | 2.2 NAME | |
| STREET ADDRESS | 1040 71ST ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

MARK A. LAPORTA, M.D., F.A.C.P.
Gateway Healthcare Incorporated
Internal Medicine & Geriatrics
1040 Seventy First Street
MIAMI BEACH, FLORIDA 33141-2963
(305) 866-4220 • Fax: (305) 861-6331

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 a subsequent filing with an address.

SIGNATURE: **MARK A. LAPORTA, M.D., F.A.C.P.**
Gateway Healthcare Incorporated

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CR2E034 (10/97)