

L97000000916

GATEWAY MEDICAL GROUP, L.C.  
Michael Shea, C.E.O.

1916 HWY. 441 NORTH  
OKEECHOBEE, FL 34972

City/State/Zip

Phone #

800003072789--6  
-12/16/99-01065-012  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

MJH

1. Gateway Medical Group, LLC  
(Corporation Name) (Document #)

2. L97-916  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 DEC 16 AM 10:33

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company organized under the laws of the State of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is: GATEWAY MEDICAL GROUP, LLC

1b. The mailing address of the limited liability company is : 210 NORTH PARK #204  
OKEECHOBERE, FL 34972

1c. Date of filing/registration in Florida: 8/19/99 Document number: L97000000916

2. The name and address of the current registered agent and office:

ROBERT RAPPEL ESQ OF RAPPEL & RAPPEL  
5070 HWY A1A NORTH #221  
VERO BEACH, FL 32963

99 DEC 16 AM 9:33  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

MICHAEL SHEA  
210 NORTH PARK ST #204  
OKEECHOBERE, FL 34972

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

Michael Shea  
(Signature of a member or authorized representative of a member)

12/5/99  
(Date)

MICHAEL SHEA CEO  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Michael Shea  
(Signature of Registered Agent)

12/5/99  
(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314