

2000 UNIFORM BUSINESS REPORT (UBR)

0014708 AF

DOCUMENT # **L97000000916**

1. Entity Name
GATEWAY MEDICAL GROUP, L.C.

FILED

00 JAN 27 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~309 N.W. 5TH STREET~~
OKEECHOBEE FL 34972
210 N.W. PARK ST #204

Mailing Address
~~309 N.W. 5TH STREET~~
OKEECHOBEE FL 34973-1489
PO BOX 1489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
210 N.W. PARK ST
Suite, Apt. #, etc.
#204

3. Mailing Address
GATEWAY MEDICAL GROUP
Suite, Apt. #, etc.
PO BOX 1489

City & State
OKEECHOBEE

City & State
OKEECHOBEE FL

4. FEI Number **65-0775726** Applied For Not Applicable

Zip **34972** Country **OKEECHOBEE** Zip **34972** Country **OKEECHOBEE**

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
T. MICHAEL SHEA CEO
210 N.W. PARK ST #204
OKEECHOBEE, FL

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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.

SIGNATURE *T. Michael Shea*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPIRITU, MIGUEL <input type="checkbox"/> Delete 309 NW 5TH STREET OKEECHOBEE FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKOUR, ARIF <input type="checkbox"/> Delete 309 NW 5TH STREET OKEECHOBEE FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, MANUEL <input type="checkbox"/> Delete 309 EAST FIFTH STREET OKEECHOBEE FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIAZ, MOHAMMED <input type="checkbox"/> Delete 309 EAST FIFTH STREET OKEECHOBEE FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KURESHI, ZAFAR <input type="checkbox"/> Delete 309 EAST FIFTH STREET OKEECHOBEE FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, JOHN <input type="checkbox"/> Delete 309 EAST FIFTH STREET OKEECHOBEE FL 34972

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MUHAMMAD A. RAJAPURAM M.D. 206 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003119608--4 -02/01/00--01130--017 ****50.00 ****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
Date **1/14/00** 941 467 7084 Daytime Phone #

CR2E083 (9/99)