

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM

DOCUMENT # **L97000000916**

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

FILED

01 JAN 26 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**210 N.W. PARK STREET, SUITE 204
OKEECHOBEE FL 34972**

Mailing Address
**P.O. BOX 1489
OKEECHOBEE FL 34972-**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0775726**

Applied For
Not Applicable

Zip Country

Zip Country

34973

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEA, MICHAEL
210 NORTH PARK ST., #204
OKEECHOBEE FL 34972**

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 _____ (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

10. ADDITIONS / CHANGES

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABIR KHAN MD 210 N.W. PARK ST # 204 OKEECHOBEE, FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARCIA TRINIDAD 309 NW 5TH STREET OKEECHOBEE FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7000003601467--1 -01/30/01--01065--006 ****50.00 ****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUHAMMAD CHAUDHARY MD 210 N.W. PARK ST. 4810 OKEECHOBEE, FL 34972	<input checked="" 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 REQUIRED *1.18.01* Date _____ Daytime Phone # _____

CR2E083 (11/00)