2001 U	JNIFORM	BUSINESS	REPORT	(UBR
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חטטוי	MENT # 19700	0000016	· ·	OD!		•				SUBJE
DOCUMENT # L9700000916 1. Entity Name GATEWAY MEDICAL GROUP, L.C.						FILED				
		•	•							
Principal Place of Business Mailing Address						01 JAN 26 AM 9: 34				
210 N.W. PARK STREET, SUITE 204 P.O. BOX 1489 OKEECHOBEE FL 34972 OKEECHOBEE FL 34972-				SECRETARY TALLAHASSEI			OF STATE			
							FEURIBA Millimania)	H a a nn 1 11 1	
Principal Place of Business 3. Mailing Address							 			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEIN	4. FEI Number 65-0775726 Applied For				
Zip	Country	Zip Country		5. Certi	ficate of Status Desired		O Addition	Applicable ional	<u>:</u>	
	6. Name and Address of Current	34973 Registered Agent				e and Address of New Re	. Fee R	equired		4.
0051.40	•			Name			<u> </u>			1
SHEA, MICHAEL 210 NORTH PARK ST., #204				Street Address (P.O. Box Number is Not Acceptable)						`
OKEECHOBEE FL 34972								-		1
				City FL Zip Code						
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered	office or	registered agent,	or both, in the State of Flori	ida.			1
SIGNATURE										
	Signature, typed or printed name of registered agent				ure required when reinstati	ng)	DATE			\exists
	· · · · · · · · · · · · · · · · · · ·	FILE NO Make Check Pay			•					
9.	MANAGING MEMB	ERS/MEMBERS	10.		·	ADDITIONS/0	CHANGES			$\frac{1}{2}$
TITLE NAME	MGRM ESPIRITU, MIGUEL	☐ Delete	TITLE		MGRM		□ CI	nange	Addition]8
STREET ADDRESS	309 NW 5TH STREET		STREET	ADDRESS	341212P	KHAW MA	# 20 Y			E083 (11/00)
CITY-ST-ZIP	OKEECHOBEE FL 34972 MGRM		CITY-ST	- ZIP	OKFIRC	rober, f	<u>34</u>	972		⊣ ∩ι
NAME	SHAKOOR, ARIF	☐ Delete	TITLE NAME				□ Ct	.ange į	☐ Addition	S.
`STREET ADDRESS CITY-ST-ZIP	309 NW 5TH STREET OKEECHOBEE FL 34972		STREET /							
TITLE	MGRM	Delete	TITLE		MERM		⊊ Ch	iange [Addition	1 -
NAME STREET ADDRESS	GARCIA, MANUEL 309 EAST FIFTH STREET		NAME STREET	ADDRESS	SARCIA	TRINIDA	Page			
CITY-ST-ZIP	OKEECHOBEE FL 34972		CITY-ST	-ZIP	OKREC	MUBRO	FL 3497	2		1
TITLE NAME	MGRM RIAZ, MOHAMMED	☐ Delete	TITLE NAME				☐ Ch	•	Addition .	
STREET ADDRESS CITY-ST-ZIP	309 EAST FIFTH STREET OKEECHOBEE FL 34972	•	STREET /	t .		7000036 -0 // 30/0	0146 0101065	7 -	-1	
TITLE NME	MGRM KURESHI, ZAFAR	☐ Delete	TITLE NAME		,	/\v/*****5[##20t	Modition]
STREET ADDRESS CHY-ST-ZIP	309 EAST FIFTH STREET OKEECHOBEE FL 34972		STREET A			J [1				14
TITLE	MGRM	Delete	TITLE		MGRM		⊠ Ch	ange [Addition	1
NAME STREET ADDRESS	CHANG, JOHN 309 EAST FIFTH STREET		NAME Street A	ADDRES\$	MUHAMM ZIO VIU	OBER FL	MAYIO	no		,
indicated	OKEECHOBEE FL 34972 certify that the information supplied with on this report is true and accurate and	that my signature shall have the	e same le	ition stat idal effec	ed in Section 119.0 at as if made under	7(3)(i), Florida Statutes. I f oath: that I am a managir	urther certify that	the info	rmation	1
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Designe Proce #										
		. Some marading member, mana	acn, UH AU	· noxiZED	nerncocNIAIIVE	Date	Daytime Ph	ane #		Ī