# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 02, 2004 8:00 am**
**Secretary of State**

02-02-2004 90209 045 ****50.00

24005127

01202004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L97000000916

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

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

Mailing Address
P.O. BOX 1489
OKEECHOBEE, FL 34973

2. Principal Place of Business
312 Nw 5th Street
Suite, Apt. #, etc.
City & State
Okeechobee, FL
Zip 34972 Country USA
Okeechobee County

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

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

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

**6. Name and Address of Current Registered Agent**

HARPER, LEWIS
BRENNAN, MANNA & DIAMOND
76 S. LAURA ST., STE. 1700
JACKSONVILLE, FL 32202

**7. Name and Address of New Registered Agent**

Name Lewis Harper
Street Address (P.O. Box Number is Not Acceptable) 12627 San Jose Blvd
Suite 302
City Jacksonville FL Zip Code 32223

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $50.00**
**Due by May 1, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MGRM ☐ Delete | TITLE | Mgrm ☑ Change ☐ Addition |
| NAME | SAEED, KHAN | NAME | Khan, Saeed |
| STREET ADDRESS | 1924 N HWY 441 | STREET ADDRESS | 2257 Hwy 441 N, Ste. A |
| CITY-ST-ZIP | OKEECHOBEE, FL 34972 | CITY-ST-ZIP | Okeechobee, FL 34972 |
| TITLE | MGRM ☐ Delete | TITLE | Mgrm ☑ Change ☐ Addition |
| NAME | SHAKOOR, ARIF | NAME | Shakoor, Arif |
| STREET ADDRESS | 309 NW 5TH STREET | STREET ADDRESS | 2257 Hwy 441N, Ste C |
| CITY-ST-ZIP | OKEECHOBEE, FL 34972 | CITY-ST-ZIP | Okeechobee, FL 34972 |
| TITLE | MGRM ☐ Delete | TITLE | Mgrm ☑ Change ☐ Addition |
| NAME | GARCIA, TRINIDAD | NAME | Garcia, Trinidad |
| STREET ADDRESS | 210 N.W. PKWY ST. #206 | STREET ADDRESS | 304 NE 19th Drive #A |
| CITY-ST-ZIP | OKEECHOBEE, FL 34972 | CITY-ST-ZIP | Okeechobee, FL 34972 |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CHANG, JOHN | NAME | |
| STREET ADDRESS | 235 NE 19TH DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34972 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | Mgrm ☑ Change ☐ Addition |
| NAME | NAEEM, TAHIR | NAME | Naeem, Tahir |
| STREET ADDRESS | 1924 HWY. 441 N | STREET ADDRESS | 265 NE 19th Drive |
| CITY-ST-ZIP | OKEECHOBEE, FL 34972 | CITY-ST-ZIP | Okeechobee, FL 34972 |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | IQBAL, AHMED | NAME | |
| STREET ADDRESS | 202 NE 19 DR | STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE, FL 34972 | CITY-ST-ZIP | |

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:** _____ 1/29/04 863-467-7084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #