


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90029 004 \*\*\*\*50.00

<b>DOCUMENT # L97000000916</b> 1. Entity Name GATEWAY MEDICAL GROUP, L.C.					
Principal Place of Business 312 NW 5TH ST. OKEECHOBEE, FL 34972		Mailing Address P.O. BOX 1489 OKEECHOBEE, FL 34973			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1887 Suite, Apt. #, etc.			
City & State Stuart FL		City & State Stuart FL		4. FEI Number 65-0775726	
Zip 34995		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, LEWIS 12627 SAN JOSE BLVD. STE. 302 JACKSONVILLE, FL 32223			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. 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, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAEED, KHAN 2257 HWY 441 N., STE. A OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKOOR, ARIF 2257 HWY 441 N, STE C OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, TRINIDAD 304 NE 19TH DR. #A OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, JOHN 235 NE 19TH DRIVE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAEEM, TAHIR 265 NE 19TH DR. OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IQBAL, AHMED 202 NE 19 DR OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, TRINIDAD 306 NE 19th DR #A Okeechobee FL 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chang, JOHN 315 NE 3rd ST Okeechobee FL 34972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAEEM, TAHIR 265 NE 19TH DR. OKEECHOBEE, FL 34972	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, TRINIDAD 306 NE 19th DR #A 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: <u>Iqbal Ahmed</u> <u>2/28/05</u> <u>863-467-7084</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #					

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