


FILED
Feb 24, 2006 8:00 am
Secretary of State

01-26-2006 90069 041 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L97000000916
 1. Entity Name
GATEWAY MEDICAL GROUP, L.C.



Principal Place of Business 312 NW 5TH ST. OKEECHOBEE, FL 34972	Mailing Address P.O. BOX 1887 STUART, FL 34995
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30001029



DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0775726	Applied For Not Applicable
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

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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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____

Filing Fee is \$50.00
Due by May 1, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAEED, KHAN 2257 HWY 441 N., STE. A OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKOOR, ARIF 2257 HWY 441 N, STE C OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, TRINIDAD 306 NORTHEAST 19TH DRIVE #A OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANG, JOHN 315 NORTHEAST THIRD STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAEEM, TAHIR 265 NE 19TH DR. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IQBAL, AHMED 202 NE 19 DR OKEECHOBEE, FL 34972

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1-24-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30001030

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

GATEWAY MEDICAL GROUP, L.C.
P.O. BOX 1887
STUART, FL 34995

Subject: GATEWAY MEDICAL GROUP, L.C.

Reference Number:

L9700000916

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION