

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000916

FILED
Apr 20, 2009
Secretary of State

Entity Name: GATEWAY MEDICAL GROUP, L.C.

Current Principal Place of Business:

312 NW 5TH ST.
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1887
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0775726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, LEWIS
12627 SAN JOSE BLVD.
STE. 302
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAEED, KHAN
Address: 2257 HWY 441 N., STE. A
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Delete
Name: SHAKOOR, ARIF
Address: 2257 HWY 441 N, STE C
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Delete
Name: GARCIA, TRINIDAD
Address: 306 NORTHEAST 19TH DRIVE #A
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Delete
Name: GARCIA, MANUEL MD
Address: 306 NE 19 DR
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Delete
Name: NAEEM, TAHIR
Address: 265 NE 19TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM () Delete
Name: IQBAL, AHMED
Address: 202 NE 19 DR
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARIF SHAKOOR MD

MGRM

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date