

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000916

FILED
Apr 28, 2010
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:

BREW, GEORGE
6817 SOUTHPOINT PARKWAY
STE 1804
JACKSONVILLE, FL 32216 US

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: GEORGE BREW

04/28/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

I hereby 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: SAEED KHAN, MD

MGRM

04/28/2010

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