

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000916

FILED  
Apr 25, 2012  
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:**

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

CEO

04/25/2012

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