


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021365

DOCUMENT # L97000000916

1. Entity Name
GATEWAY MEDICAL GROUP, L.C.



FILED
2003 SEP 18 AM 8:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
**210 N.W. PARK STREET, SUITE 204
OKEECHOBEE FL 34972**

Mailing Address
**P.O. BOX 1489
OKEECHOBEE FL 34973**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0775726**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SHEA, MICHAEL
210 NORTH PARK ST., #204
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent
Name **LEWIS HARPER, ESQ.**
Street Address (P.O. Box Number is Not Acceptable) **BRENNAN, MAUNA & DIAMOND
76 S. LAURA ST., SUITE 1700**
City **JACKSONVILLE** FL Zip Code **32202**

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]* DATE **9-5-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAEED, KHAN 1924 N HWY 441 OKEECHOBEE FL 34972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAKOOR, ARIF 309 NW 5TH STREET OKEECHOBEE FL 34972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, TRINIDAD 210 N.W. PKWY ST. #206 OKEECHOBEE FL 34972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIAZ, MOHAMMED 309 EAST FIFTH STREET OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KURESHI, ZAFAR 309 EAST FIFTH STREET OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IQBAL, AHMED 202 NE 19 DR OKEECHOBEE FL 34972 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200023399092 09/29/03--01049--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM CHANG, JOHN 235 NE 19th DR OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM HASEM, TAHIR 1924 HWY 441 NO. OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *[Signature]* **MGRM** 9/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)