

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013006

FILED
Jan 16, 2009
Secretary of State

Entity Name: GATEWAY HEALTH SYSTEMS, INC.

Current Principal Place of Business:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-8073413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, GARY
555 STOCKTON STREET
JACKSONVILLE, FL 32204 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

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: MANN, TIM
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DIR () Delete
Name: HAMM, HAROLD
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DIR () Delete
Name: CURRAN, DAN
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DIR () Delete
Name: VINING, STEVE
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: DIR (X) Delete
Name: POWERS, GARY
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: POWERS, GARY
Address: 555 STOCKTON STREET
City-St-Zip: JACKSONVILLE, FL 32204

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY POWERS

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

Date