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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000031968 (8)**

1. Corporation Name
GATEWAY MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
155 FRANKLIN RD STE 400 BRENTWOOD TN 37027 US	155 FRANKLIN RD STE 400 BRENTWOOD TN 37027-4646 US

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3238218 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DSVP	☒ DELETE	1.1 TITLE: D	☒ Change ☐ Addition
NAME: WILBURN, TYREE G		1.2 NAME: Ernest Bacon	
STREET ADDRESS: 155 FRANKLIN ROAD, #400		1.3 STREET ADDRESS: 155 Franklin Rd #400	
CITY-ST-ZIP: BRENTWOOD TN		1.4 CITY-ST-ZIP: Brentwood TN 37027	
TITLE: DVPT	☒ DELETE	2.1 TITLE: V/T	☐ Change ☒ Addition
NAME: MOFFETT, DEBORAH G		2.2 NAME: Barry E. Stewart	
STREET ADDRESS: 155 FRANKLIN RD STE 400		2.3 STREET ADDRESS: 155 Franklin Rd #400	
CITY-ST-ZIP: BRENTWOOD TN 37027		2.4 CITY-ST-ZIP: Brentwood TN 37027	
TITLE: DVPC	☐ DELETE	3.1 TITLE:	☐ Change ☐ Addition
NAME: BUFORD, T. M		3.2 NAME:	
STREET ADDRESS: 155 FRANKLIN RD STE 400		3.3 STREET ADDRESS:	
CITY-ST-ZIP: BRENTWOOD TN 37027		3.4 CITY-ST-ZIP:	
TITLE: P	☐ DELETE	4.1 TITLE:	☐ Change ☐ Addition
NAME: CHANEY, E. T		4.2 NAME:	
STREET ADDRESS: 155 FRANKLIN RD STE 400		4.3 STREET ADDRESS:	
CITY-ST-ZIP: BRENTWOOD TN 37027		4.4 CITY-ST-ZIP:	
TITLE: S	☒ DELETE	5.1 TITLE: D/S	☒ Change ☐ Addition
NAME: PARSONS, LINDA K		5.2 NAME: Linda K Parsons	
STREET ADDRESS: 155 FRANKLIN RD STE 400		5.3 STREET ADDRESS: 155 Franklin Rd #400	
CITY-ST-ZIP: BRENTWOOD TN 37027		5.4 CITY-ST-ZIP: Brentwood TN 37027	
TITLE: AS	☐ DELETE	6.1 TITLE:	☐ Change ☐ Addition
NAME: MARTIN-MICHELS, SARA		6.2 NAME:	
STREET ADDRESS: 155 FRANKLIN RD STE 400		6.3 STREET ADDRESS:	
CITY-ST-ZIP: BRENTWOOD TN 37027		6.4 CITY-ST-ZIP:	

CR2E034 (9/96)

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sara Martin-Michels 3-11-97 615-373-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sara Martin-Michels Asst. Sec.