

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031968

Entity Name: GATEWAY MEDICAL SERVICES, INC.**Current Principal Place of Business:**4000 MERIDIAN BOULEVARD
FRANKLIN, TN 37067**Current Mailing Address:**4000 MERIDIAN BOULEVARD
FRANKLIN, TN 37067 US**FEI Number:** 59-3238218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	HINGTGEN , TIM L.
Address	4000 MERIDIAN BOULEVARD
City-State-Zip:	FRANKLIN TN 37067

Title	SECRETARY
Name	COBB, CHRISTOPHER G.
Address	4000 MERIDIAN BOULEVARD
City-State-Zip:	FRANKLIN TN 37067

Title	DIRECTOR
Name	AARON, THOMAS J.
Address	4000 MERIDIAN BOULEVARD
City-State-Zip:	FRANKLIN TN 37067

Title	TREASURER, VP
Name	LOMICKA, EDWARD W.
Address	4000 MERIDIAN BOULEVARD
City-State-Zip:	FRANKLIN TN 37067

Title	DIRECTOR, EXECUTIVE VP, ASST. SECRETARY
Name	FORDHAM, BENJAMIN C.
Address	4000 MERIDIAN BOULEVARD
City-State-Zip:	FRANKLIN TN 37067

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER G. COBB**SECRETARY****04/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date