

2020 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 EXECUTIVE VICE PRESIDENT,
DIRECTOR

Name HAMMONDS, KEVIN J.

Address 4000 MERIDIAN BOULEVARD

City-State-Zip: FRANKLIN TN 37067

Title TREASURER, SENIOR VICE
PRESIDENT

Name OTTINGER, R. GABRIEL

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****05/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date