

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000916

Entity Name: GATEWAY MEDICAL GROUP, L.C.

Current Principal Place of Business:

111 NE 19TH DRIVE
OKEECHOBEE, FL 34972

Current Mailing Address:

111 NE 19TH DRIVE
OKEECHOBEE, FL 34972 US

FEI Number: 65-0775726

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BREW, GEORGE
6817 SOUTHPOINT PARKWAY
STE 1804
JACKSONVILLE, FL 32216 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

Authorized Person(s) Detail :

Title MGRM
Name SAEED A KHAN MD PA
Address 2257 HWY 441 N., STE. A
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM
Name ARIF SHAKOOR PA
Address 2257 HWY 441 N, STE C
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM
Name TRINIDAD E GARCIA MD PA
Address 306 NORTHEAST 19TH DRIVE
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM
Name TAHIR NAEEM MD PA
Address 265 NE 19TH DR.
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM
Name IQBAL AHMED MD PA
Address 202 NE 19 DR
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM
Name P ALDANA MD PA
Address 214 NE 19TH DRIVE
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM
Name VIKRAM TARUGU MD PA
Address 201 SW 16TH STREET
City-State-Zip: OKEECHOBEE FL 34974

Title MGRM
Name ANJUM HUSSAIN MD PA
Address 255 NE 19TH DRIVE
City-State-Zip: OKEECHOBEE FL 34972

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAEED A KHAN MD

MGRM

03/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGRM
Name TAHSEEN IZHAR MD PA
Address 2257 HWY 441 NORTH, STE C
City-State-Zip: OKEECHOBEE FL 34972