	Annual Report Form  Due No Later Than November 30  1. Mailing Address - Please Correct, If Not Corr  JOSEPH H. GATEWOOD, M. JOSEPH H. GATEWOOD, MD  999 EXECUTIVE PARKWAY  ST. LOUIS MO 53  Addresses of President, Secretary and Direct or Names and Addresses of Managers or	2, ect 300 NORT 5 3 O S S S S S S S S S S S S S S S S S S	ID 83732 the Laws of:  C 88944
Office held Name President Joseph	Street or P.O. Address  H. Gatewood, M.D. 999 Ex  H. Gatewood, M.D. 999 Ex	cutive Plany. St. Louis	State Zip 10 63/4/ 10 63/4/
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5. NATURE OF BUSINES	6. I certify that this Annual Rep knowledge true, correct and Signature	t has been examined by me an	
CONTRACT MEDICA	L SERVICES Name (Typed or Printed)	Title	
ISSUED: 37-06-1	995	3	380