

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000102045

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** GALLOWAY HEALTH PLANS LLC

**Current Principal Place of Business:**

6401 SW 87 AVENUE  
102  
MIAMI, FL 33173

**New Principal Place of Business:**

7374 SW 93 AVENUE  
202  
MIAMI, FL 33173

**Current Mailing Address:**

7374 SW 93 AVENUE  
202  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VERDEJA CONSULTING GROUP INC.  
255 ALHAMBRA CIRCLE  
424  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VERDEJA, MIKE  
Address: 255 ALHAMBRA CIRCLE SUITE 242  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR  
Name: MACHADO, INGRID  
Address: 6401 SW 87 AVENUE  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MIKE VERDEJA

MGR

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date