

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90095 001 \*\*\*150.00  
 05-14-2002 90095 002 \*\*\*\*\*8.75

**DOCUMENT # P96000069461**

1. Entity Name  
**GALLOWAY MEDICAL PARK CORP.**

Principal Place of Business 2601 S BAYSHORE DRIVE 900 MIAMI FL 33133 US	Mailing Address 2601 S BAYSHORE DRIVE 900 MIAMI FL 33133 US
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2. Principal Place of Business 150 Alhambra Circle	3. Mailing Address 150 Alhambra Circle
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Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800
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City & State Coral Gables, FL	City & State Coral Gables, FL
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Zip 33134	Country USA	Zip 33134	Country USA
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4. FEI Number **65-0709452** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPCO, INC.**  
**2699 SOUTH BAYSHORE DRIVE**  
**7TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**S & K Property Management, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 Alhambra Circle**  
**Suite 800**  
 City  
**Coral Gables** **FL** Zip Code  
**33134**

8. 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 *Lidia Cartaya* **Lidia Cartaya, Vice President** **04/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KATZ, MICHAEL</b> <b>2601 S BAYSHORE DRIVE #900</b> <b>MIAMI FL 33178</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BIONDI, WILLIAM</b> <b>2601 S BAYSHORE DRIVE #900</b> <b>MIAMI FL 33133</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCKRUS, GEETI</b> <b>2300 CORAL WAY</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 Alhambra Circle, Suite 800</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000 S. Bayshore Drive, Unit 2</b> <b>Miami, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>150 Alhambra Circle, Suite 800</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael Katz* **SIGNATURE REQUIRED Michael Katz, Pres. 04/29/02 (305) 476-0955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)