2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95713

Entity Name: JEFFREY PAUL GALLY, M.D., P.A.

COCONUT CREEK, FL 33066

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	ONUT CREEK	K PKWY				
SUITE 102 COCONU	? T CREEK, FL	33066	US			
Current Mailing Address:				New Mailing Address:		
SUITE 102	ONUT CREEK T CREEK, FL		US			
	: 65-0126046		ımber Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
8030 PETE SUITE 104 PLANTATI The above	ON, FL 33324	4 US	this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU		nic Signa	ture of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fu	und Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVS (GALLY, JEFFF 3880 COCONU COCONUT CR	JT CREEK,	,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD (GALLY, JEFFF 3880 COCONU		#102	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY P GALLY PVS 04/13/2009