

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K95713

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

**Current Principal Place of Business:**

3880 COCONUT CREEK PKWY  
SUITE 102  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

3880 COCONUT CREEK PKWY  
SUITE 102  
COCONUT CREEK, FL 33066 US

**FEI Number:** 65-0126046

**Certificate of Status Desired:** No

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

KLEIN, THEODORE J.  
8030 PETERS ROAD, BLDG D  
SUITE 104  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title PVS  
Name GALLY, JEFFREY P  
Address 3880 COCONUT CREEK, #102  
City-State-Zip: COCONUT CREEK FL 33066

Title TD  
Name GALLY, JEFFREY P  
Address 3880 COCONUT CREEK #102  
City-State-Zip: COCONUT CREEK FL 33066

*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 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 all other like empowered.*

**SIGNATURE:** JEFFREY P GALLY

**PRESIDENT**

**04/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date