

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000102045

**Entity Name:** GALLOWAY HEALTH PLANS LLC

**Current Principal Place of Business:**

7374 SW 93 AVENUE  
202  
MIAMI, FL 33173

**Current Mailing Address:**

7374 SW 93 AVENUE  
202  
MIAMI, FL 33173

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

ARIZ, PETER  
2103 CORAL WAY #800  
MIAMI, FL 33145 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:** PETER ARIZ

04/30/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** INGRID MACHADO

MGR

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date