

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602186

FILED  
Feb 07, 2011  
Secretary of State

**Entity Name:** GALLOWAY DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

8500 S.W. 92 STREET  
SUITE #103  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8500 S.W. 92 ST  
SUITE #103  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 59-1299883      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZAKARIN, STANLEY L.  
8500 S.W. 92ND STREET  
SUITE #103  
MIAMI, FL 33156 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ZAKARIN, STANLEY L  
Address: 8500 S.W. 92 STREET  
City-St-Zip: MIAMI, FL 33156

Title: VP  
Name: STEIG, JAMES M.  
Address: 8500 S.W. 92 STREET SUITE #103  
City-St-Zip: MIAMI, FL 33156

Title: SEC  
Name: STEIG, KENNETH D  
Address: 8500 S.W. 92 STREET SUITE #103  
City-St-Zip: MIAMI, FL 33156

Title: TREA  
Name: ERNESTO, PRIETO A  
Address: 8500 S.W. 92 ST SUITE #103  
City-St-Zip: MIAMI, FL 33156

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: STANLEY ZAKARIN

PRES

02/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date