

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

97 FEB 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001566

GALLOWAY MEDICAL PARK ASSOCIATES, LTD.

Mailing Address

1401 BRICKELL AVENUE
MIAMI FL 33131

Principal Office Address

1401 BRICKELL AVENUE
MIAMI FL 33131

3. Date Formed or Registered

08/21/1996

5a. Capital Contributions as
Shown on record.

\$1,372,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

700002098077--0

Suite, Apt. #, etc.

-02/26/97--01013--003

City

541.25 541.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

GALLOWAY MEDICAL PARK CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1401 BRICKELL AVENUE

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/
Document Number

P96000069461

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Michael Kate

Daytime Telephone Number

305-436-6415