2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L06000003528

Entity Name: GALLOWAY LANDHOLDING LLC

Current Principal Place of Business:

ATTN: ROBERT A. PUIG, M.D., MANAGER
7265 SW 93RD AVENUE, STE 201
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

ATTN: ROBERT A. PUIG, M.D., MANAGER
7265 SW 93RD AVENUE, STE 201
MIAMI, FL 33137

New Mailing Address:

FEI Number: 22-3932891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUIG, ROBERT A M.D.
7265 SW 93RD AVENUE, STE 201
MIAMI, FL 33137 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

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: PUIG, ROBERT A
Address: 7265 SW 93 AVE., STE 201
City-St-Zip: MIAMI, FL 33173

Title: VP ( ) Delete
Name: GOMEZ, COSME
Address: 7265 SW 93 AVE., STE 201
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 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.

SIGNATURE: COSME GOMEZ, MD VP 01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date