

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046343

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: GALLOWAY ENDOSCOPY PARTNERS, LLC

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE  
SUITE 410  
MIAMI, FL 33176 US

**New Principal Place of Business:**

8950 N. KENDALL DRIVE  
SUITE 306  
MIAMI, FL 33176 US

**Current Mailing Address:**

8950 N. KENDALL DRIVE  
SUITE 410  
MIAMI, FL 33176 US

**New Mailing Address:**

8950 N. KENDALL DRIVE  
SUITE 306  
MIAMI, FL 33176 US

FEI Number: 26-2579901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KURZWEIL, HOWARD E ESQ.  
101 NE THIRD AVENUE  
SUITE 1500  
FORT LAUDERDALE, FL 33301 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: MGRM ( ) Delete  
Name: HERNANDEZ, EUGENIO J M.D.  
Address: 8950 N. KENDALL DRIVE, SUITE 410  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete  
Name: BEHAR, SIMON M.D.  
Address: 8950 N. KENDALL DRIVE, SUITE 410  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HERNANDEZ, EUGENIO J M.D.  
Address: 8950 N. KENDALL DRIVE, SUITE 306  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM (X) Change ( ) Addition  
Name: BEHAR, SIMON M.D.  
Address: 8950 N. KENDALL DRIVE, SUITE 306  
City-St-Zip: MIAMI, FL 33176 US

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: SIMON BEHAR

MGRM

02/27/2009

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