

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046343

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** GALLOWAY ENDOSCOPY PARTNERS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-2579901      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KURZWEL, 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  
**Name:** HERNANDEZ, EUGENIO J M.D.  
**Address:** 8950 N. KENDALL DRIVE, SUITE 306  
**City-St-Zip:** MIAMI, FL 33176 US

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

**Title:** MGRM  
**Name:** FERRER, JOSE MD  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176 US

**Title:** MGRM  
**Name:** HERNANDEZ, MOISES MD  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176 US

**Title:** MGRM  
**Name:** GARCIA, NELSON MD  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176 US

**Title:** MGRM  
**Name:** HERNANDEZ, ALFREDO MD  
**Address:** 8950 N. KENDALL DR. #306  
**City-St-Zip:** MIAMI, FL 33176 US

I hereby 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

MM

02/28/2011

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