

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046343

FILED
Jan 05, 2012
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:

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
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

MGRM

01/05/2012

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