

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064154

FILED
Jun 21, 2012
Secretary of State

Entity Name: GALLOWAY ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

9415 S.W. 72ND STREET, SUITE 274
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9415 S.W. 72ND STREET, SUITE 274
MIAMI, FL 33173

New Mailing Address:

FEI Number: 27-2862377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32302 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: DR.
Name: LEAVITT, JAMES S
Address: 9415 SW 72ND ST STE 274
City-St-Zip: MIAMI, FL 33173 US

Title: CFO
Name: MITCHELL, MICHAEL T
Address: 5127 OCEAN HWY 17 BY-PASS NORTH
City-St-Zip: MURRELLS INLET, SC 29576

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: MICHAEL T. MITCHELL

CFO

06/21/2012

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