2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# N10000007074

Entity Name: GALLOWAY MEDICAL PAVILION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

351 NW LEJUNE RD SUITE 600
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

351 NW LEJUNE RD SUITE 600
MIAMI, FL 33126

New Mailing Address:

FEI Number: 02-0815391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLOOKI, HAMID
351 NW LEJUNE RD SUITE 600
MIAMI, FL 33126 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

OFFICERS AND DIRECTORS:

Title: DP
Name: BOLOOKI, HAMID
Address: 351 NW LEJUNE RD SUITE 600
City-St-Zip: MIAMI, FL 33126

Title: DVP
Name: FERRER, JOSE P
Address: 351 NW LEJUNE RD SUITE 600
City-St-Zip: MIAMI, FL 33126

Title: DST
Name: PUIG, ROBERT A
Address: 351 NW LEJUNE RD SUITE 600
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAMID BOLOOKI DP 02/23/2011

Electronic Signature of Signing Officer or Director — Date