

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067721

Entity Name: GALATIA INC.

FILED  
Mar 31, 2008  
Secretary of State

## Current Principal Place of Business:

28000 SPANISH WELLS BLVD  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

9420 FOUNTAIN MEDICAL COURT  
SUITE 101  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

28000 SPANISH WELLS BLVD  
BONITA SPRINGS, FL 34135

## New Mailing Address:

9420 FOUNTAIN MEDICAL COURT  
SUITE 101  
BONITA SPRINGS, FL 34135

FEI Number: 52-2257675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMBURN, JAMES  
28000 SPANISH WELLS BLVD  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

HENSLEY & COMPANY PA  
9420 FOUNTAIN MEDICAL COURT  
SUITE 101  
BONITA SPRINGS, FL 34135 US

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: KAREY REBELLO

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete  
Name: AMBUM, JAMES W  
Address: 28000 SPANISH WELLS BLVD  
City-St-Zip: BONTIA SPRINGS, FL 34135

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition  
Name: FLEISCHNER, GERHARD DR.  
Address: 9420 FOUNTAIN MEDICAL COURT, STE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Change (X) Addition  
Name: FLEISCHNER, IRIS DR.  
Address: 9420 FOUNTAIN MEDICAL COURT, STE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Change (X) Addition  
Name: FLEISCHNER, ALEXANDRA  
Address: 9420 FOUNTAIN MEDICAL COURT, STE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. GERHARD FLEISCHNER

D, P

03/31/2008

Electronic Signature of Signing Officer or Director

Date