

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000066012 (3)**

1. Corporation Name

**GALLOWAY MEDICAL CENTER INC.**



Principal Place of Business

Mailing Address

**825 SW 87TH AVENUE STE. F-2  
MIAMI FL 33174**

**825 SW 87TH AVENUE STE. F-2  
MIAMI FL 33174**

2. Principal Place of Business

2a. Mailing Address

21 **8500 W Keylen St.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **A 102**

27

City & State

City & State

23 **MIAMI, FL.**

28

Zip

Country

Zip

Country

24 **33145**

25

29

30

3. Date Incorporated or Qualified

**09/08/1994**

3a. Date of Last Report

**06/23/1995**

4. FEI Number

**65-0518099**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERRO, ADOLFO  
825 SW 87TH AVENUE STE. F-2  
MIAMI FL 33174**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**8500 W Keylen St. # A102**

83

84 City

**MIAMI.**

**FL**

85 Zip Code

**33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (Name of registered agent and fee applicable)

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD FERRO, ADOLFO**  
STREET ADDRESS **825 SW 87TH AVENUE STE. F-2**  
CITY - ST - ZIP **MIAMI FL 33174**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **8500 W Keylen St. # A-102**  
1.4 CITY - ST - ZIP **MIAMI, FL. 33145**

TITLE  DELETE  
NAME **SD FERRO, MARLENE**  
STREET ADDRESS **825 SW 87TH AVENUE STE. F-2**  
CITY - ST - ZIP **MIAMI FL 33174**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/23/95**

Date

Daytime Phone

CR2E034 (12/95)