

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90072 014 \*\*\*150.00

**DOCUMENT # P99000016128**

1. Entity Name  
**GALLOWAY MEDICAL SURGICAL CENTER, INC.**

Principal Place of Business <b>825 SW 87TH AVE., SUITE I          MIAMI FL 33174</b>	Mailing Address <b>825 SW 87TH AVE., SUITE I          MIAMI FL 33174</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0905931</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CRUZ, ARMANDO</b> <b>825 SW 87TH AVE., SUITE I</b> <b>MIAMI FL 33174</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUZ, ROBERTO			NAME			
STREET ADDRESS	825 SW 87TH AVE., SUITE I			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUZ, ARMANDO			NAME			
STREET ADDRESS	825 SW 87TH AVE., SUITE I			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33174			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Roberto E Cruz* **ROBERTO E CRUZ** 3/12/01 305 261-1667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)