

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000016128**

1. Entity Name

GALLOWAY MEDICAL SURGICAL CENTER, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90072 014 ***150.00

Principal Place of Business

**825 SW 87TH AVE., SUITE I
MIAMI FL 33174**

Mailing Address

**825 SW 87TH AVE., SUITE I
MIAMI FL 33174**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0905931**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CRUZ, ARMANDO
825 SW 87TH AVE., SUITE I
MIAMI FL 33174**

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERTO E. CRUZ 3/12/01 305 261-1667

CR2E034 (10/00)