


**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000016128 1. Entity Name GALLOWAY MEDICAL SURGICAL CENTER, INC.	
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Principal Place of Business 825 SW 87TH AVE., SUITE I MIAMI, FL 33174	Mailing Address 825 SW 87TH AVE., SUITE I MIAMI, FL 33174
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**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

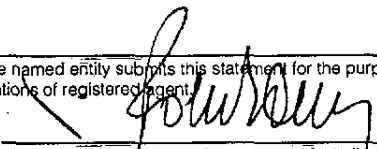
4. FEI Number 65-0905931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

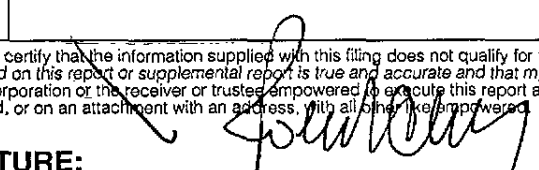
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CRUZ, ROBERTO 825 SW 87TH AVE., SUITE I MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CRUZ, ARMANDO 825 SW 87TH AVE., SUITE I MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/05-80005-013 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR