

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

DOCUMENT # P99000110468

1. Entity Name

GALLOWAY MEDICAL PARK II CORP.

05-14-2002 90093 001 ***150.00

05-14-2002 90093 002 *****8.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite Apt #, etc.

Suite Apt #, etc.

Suite 800

Suite 800

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

USA

33134

USA

4. FEI Number

65-0974926

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

S & K Property Management, Inc.

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

150 Alhambra Circle

Suite 800

City

Coral Gables

FL

Zip Code

33134

**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.

SIGNATURE

Lidia Cartaya, Vice President

04/29/02

Signature of President or other officer or director of the corporation

(NOTE: Registered agent's signature required when changing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Katz, Michael
150 Alhambra Circle #800
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
Biondi, William
2000 S. Bayshore Drive, #2
Miami, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Buckreus, Gerti
150 Alhambra Circle #800
Coral Gables, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

Michael Katz, Pres. 04/29/02 (305) 476-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)