

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007074

**FILED
Mar 30, 2016
Secretary of State
CC4191691212**

Entity Name: GALLOWAY MEDICAL PAVILION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

351 NW LEJUNE RD SUITE 600
MIAMI, FL 33126

Current Mailing Address:

351 NW LEJUNE RD SUITE 600
MIAMI, FL 33126

FEI Number: 02-0815391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLOOKI, HAMID
351 NW LEJUNE RD SUITE 600
MIAMI, FL 33126 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DP
Name BOLOOKI, HAMID
Address 351 NW LEJUNE RD SUITE 600
City-State-Zip: MIAMI FL 33126

Title DVP
Name FERRER, JOSE P
Address 351 NW LEJUNE RD SUITE 600
City-State-Zip: MIAMI FL 33126

Title DST
Name PUIG, ROBERT A
Address 351 NW LEJUNE RD SUITE 600
City-State-Zip: MIAMI FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAMID BOLOOKI

DP

03/30/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date