

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007074

**FILED**  
**Jan 20, 2014**  
**Secretary of State**  
**CC0520073637**

**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

01/20/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date