

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602186

**Entity Name:** GALLOWAY DENTAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

8500 S.W. 92 STREET  
SUITE #103  
MIAMI, FL 33156

**Current Mailing Address:**

8500 S.W. 92 ST  
SUITE #103  
MIAMI, FL 33156

**FEI Number:** 59-1299883

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZAKARIN, STANLEY L.  
8500 S.W. 92ND STREET  
SUITE #103  
MIAMI, FL 33156 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	PD
Name	ZAKARIN, STANLEY L
Address	8500 S.W. 92 STREET
City-State-Zip:	MIAMI FL 33156
Title	SEC
Name	STEIG, KENNETH D
Address	8500 S.W. 92 STREET SUITE #103
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	STEIG, JAMES M.
Address	8500 S.W. 92 STREET SUITE #103
City-State-Zip:	MIAMI FL 33156
Title	TREA
Name	ERNESTO, PRIETO A
Address	8500 S.W. 92 ST SUITE #103
City-State-Zip:	MIAMI FL 33156

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STANLEY ZAKARIN

**PRESIDENT**

**03/18/2015**

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

\_\_\_\_\_  
Date