

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000077728

**Entity Name:** PETER M. GALLOGLY M.D. INC.

**Current Principal Place of Business:**

5726 SW 99TH STREET  
GAINESVILLE, FL 32608

**Current Mailing Address:**

5726 SW 99TH STREET  
GAINESVILLE, FL 32608

**FEI Number:** 51-0634741

**Certificate of Status Desired:** No

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

GALLOGLY, PETER M  
5726 SW 99TH STREET  
GAINESVILLE, FL 32608 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 GALLOGLY, PETER M  
Address 5726 SW 99TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title STD  
Name CLOSE, JULIA L  
Address 5726 SW 99TH STREET  
City-State-Zip: GAINESVILLE FL 32608

*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:** PETER GALLOGLY

**OWNER**

**03/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date