

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000081525

**Entity Name:** GALILEA MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

64 BLEECKER STREET, #151  
NEW YORK, NY 10012

**Current Mailing Address:**

64 BLEECKER STREET, #151  
NEW YORK, NY 10012 US

**FEI Number: 83-2074689**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT, DIRECTOR  
Name            LEE, THOMAS  
Address        64 BLEECKER STREET, #151  
City-State-Zip: NEW YORK NY 10012

*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: THOMAS LEE**

**PRESIDENT**

**04/01/2023**

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

\_\_\_\_\_ Date