

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000016128

**Entity Name:** GALLOWAY MEDICAL SURGICAL CENTER, INC.

**Current Principal Place of Business:**

825 SW 87TH AVE., SUITE B  
MIAMI, FL 33174

**Current Mailing Address:**

825 SW 87TH AVE., SUITE B  
MIAMI, FL 33174

**FEI Number:** 65-0905931

**Certificate of Status Desired:** No

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

CRUZ, ROBERTO  
825 SW 87TH AVE., SUITE D  
MIAMI, FL 33174 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 P  
Name CRUZ, ROBERTO E DR.  
Address 825 SW 87TH AVE., SUITE B  
City-State-Zip: MIAMI FL 33174

Title VP  
Name CRUZ, ROBERTO JR.  
Address 825 SW 87TH AVENUE, SUITE B  
City-State-Zip: MIAMI FL 33174

*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:** CRUZ , ROBERTO E , DR

P

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date