

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000110468

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC1101799777**

**Entity Name:** GALLOWAY MEDICAL PARK II CORP.

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134

**FEI Number:** 65-0974926

**Certificate of Status Desired:** Yes

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

S & K REALTY GROUP LLC  
150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 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 BUCKREUS, GERTI  
Address 150 ALHAMBRA CIR., STE 800  
City-State-Zip: CORAL GABLES FL 33134

Title VS  
Name CARTAYA, LIDIA  
Address 150 ALHAMBRA CIRCLE, STE. 800  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name BUCKREUS, GERTI  
Address 150 ALHAMBRA CIR., STE 800  
City-State-Zip: CORAL GABLES FL 33134

*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:** LIDIA CARTAYA

VS

04/23/2013

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

\_\_\_\_\_  
Date