

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046343

**FILED**  
**Mar 11, 2016**  
**Secretary of State**  
**CC1015311091**

**Entity Name:** GALLOWAY ENDOSCOPY PARTNERS, LLC

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE  
SUITE 306  
MIAMI, FL 33176

**Current Mailing Address:**

8950 N. KENDALL DRIVE  
SUITE 306  
MIAMI, FL 33176 US

**FEI Number:** 26-2579901

**Certificate of Status Desired:** No

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

KURZWEIL, HOWARD EESQ.  
101 NE THIRD AVENUE  
SUITE 1500  
FORT LAUDERDALE, FL 33301 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

**Authorized Person(s) Detail :**

Title MGRM  
Name HERNANDEZ, EUGENIO JM.D.  
Address 8950 N. KENDALL DRIVE, SUITE 306  
City-State-Zip: MIAMI FL 33176

Title MGRM  
Name BEHAR, SIMON M.D.  
Address 8950 N. KENDALL DRIVE, SUITE 306  
City-State-Zip: MIAMI FL 33176

Title MGRM  
Name FERRER, JOSE MD  
Address 8950 N. KENDALL DR. #306  
City-State-Zip: MIAMI FL 33176

Title MGRM  
Name HERNANDEZ, MOISES MD  
Address 8950 N. KENDALL DR. #306  
City-State-Zip: MIAMI FL 33176

Title MGRM  
Name GARCIA, NELSON MD  
Address 8950 N. KENDALL DR. #306  
City-State-Zip: MIAMI FL 33176

Title MGRM  
Name HERNANDEZ, ALFREDO MD  
Address 8950 N. KENDALL DR. #306  
City-State-Zip: MIAMI FL 33176

Title MANAGING MEMBER  
Name MARTEL, JERRY DR.  
Address 8950 N. KENDALL DRIVE  
SUITE 306  
City-State-Zip: MIAMI FL 33176

Title MANAGING MEMBER  
Name SABLE, ANDY DR.  
Address 8950 N. KENDALL DRIVE  
SUITE 306  
City-State-Zip: MIAMI FL 33176

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIMON BEHAR

**MGRM**

**03/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGING MEMBER  
Name           ROSEN, SETH DR.  
Address        8950 N. KENDALL DRIVE  
                SUITE 306  
City-State-Zip: MIAMI FL 33176

Title           MANAGING MEMBER  
Name           FERRER, JOSE P. JR.  
Address        8950 N. KENDALL DRIVE  
                SUITE 306  
City-State-Zip: MIAMI FL 33176