

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046343

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

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE  
SUITE 306  
MIAMI, FL 33176

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**0791625301CC**

**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

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*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**

**MGR**

**02/05/2024**

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 MEMBER  
Name ROIG, ANDRES  
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

Title MEMBER  
Name SHAH, SOMAL  
Address 8950 N. KENDALL DRIVE  
SUITE 306  
City-State-Zip: MIAMI FL 33176