

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000064154

Entity Name: GALLOWAY ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

9500 S DADELAND BLVD, SUITE 200
MIAMI, FL 33156

Current Mailing Address:

9500 S DADELAND BLVD, SUITE 200
MIAMI, FL 33156 US

FEI Number: 27-2862377

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEAVITT, JAMES S DR.
9500 S DADELAND BLVD, SUITE 200
MIAMI, FL 33156 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: JAMES LEAVITT

08/12/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name LEAVITT, JAMES S DR.
Address 9500 S DADELAND BLVD, SUITE 200
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name BAIGORRI, FRANCISCO DR.
Address 9500 S DADELAND BLVD, SUITE 200
City-State-Zip: MIAMI FL 33156

Title CFO
Name JOHNSON, PHILLIP
Address 9500 S DADELAND BLVD, SUITE 200
City-State-Zip: MIAMI FL 33156

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: JAMES S. LEAVITT

PRESIDENT

08/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date