2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2013
Secretary of State
CC0873477710

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Entity Name: GALLOWAY ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

9415 S.W. 72ND STREET, SUITE 274
MIAMI, FL 33173

Current Mailing Address:

9415 S.W. 72ND STREET, SUITE 274
MIAMI, FL 33173

FEI Number: 27-2862377

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DR.	Title	CFO
Name	LEAVITT, JAMES S	Name	MITCHELL, MICHAEL T
Address	9415 SW 72ND ST STE 274	Address	5127 OCEAN HWY 17 BY-PASS NORTH
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MURRELLS INLET SC 29576

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL T. MITCHELL CFO 04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date