

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064154

Entity Name: GALLOWAY ANESTHESIA ASSOCIATES, LLC**Current Principal Place of Business:**9500 S DADELAND BLVD
802
MIAMI, FL 33156**Current Mailing Address:**9500 S DADELAND BLVD
802
MIAMI, FL 33156 US**FEI Number:** 27-2862377**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEAVITT, JAMES S DR.
9500 S DADELAND BLVD
802
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

03/09/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	LEAVITT, JAMES S DR.
Address	9500 S DADELAND BLVD 802
City-State-Zip:	MIAMI FL 33156
Title	SECRETARY
Name	BAIGORRI, FRANCISCO DR.
Address	9500 S DADELAND BLVD 802
City-State-Zip:	MIAMI FL 33156
Title	CEO
Name	FERNANDEZ, ALEJANDRO
Address	9500 S DADELAND BLVD 802
City-State-Zip:	MIAMI FL 33156

Title	VP
Name	HERNANDEZ, EUGENIO J DR.
Address	9500 S DADELAND BLVD 802
City-State-Zip:	MIAMI FL 33156
Title	TREASURER
Name	ROSEN, SETH D DR.
Address	9500 S DADELAND BLVD 802
City-State-Zip:	MIAMI FL 33156
Title	CFO
Name	JOHNSON, PHILLIP
Address	9500 S DADELAND BLVD 802
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: DR. JAMES S. LEAVITT

PRESIDENT

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date