

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000008251

Entity Name: GALLOWAY MEDICAL PARK ASSOCIATES II, LLC

Current Principal Place of Business:

841 PRUDENTIAL DR
STE 200
JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DR
STE 200
JACKSONVILLE, FL 32207 US

FEI Number: 65-0939048

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S 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 | MANAGER | Title | MANAGER |
| Name | POSTELL, MATT | Name | SCOPETTA, GEORGE |
| Address | SHAREMD HOLDCO, 10800 DAVIS DR | Address | SHAREMD HOLDCO, 10800 DAVIS DR., |
| City-State-Zip: | ALPHARETTA GA 30009 | City-State-Zip: | ALPHARETTA GA 30009 |

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: SCOPETTA, GEORGE

MANAGER

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date