

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003759

1. Entity Name

GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA,

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90073 021 ****61.25

Principal Place of Business

Mailing Address

2100 N.W. 51ST STREET
 BOCA RATON FL 33431

2100 N.W. 51ST STREET
 BOCA RATON FL 33431-4323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONIOUDIS, PERRY D
4520 N.E. 18TH AVENUE SUITE 101
FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP**
 STREET ADDRESS **MENEGAKIS, ZACHARY G**
 CITY-ST-ZIP **5300 N.W. 33RD AVENUE SUITE 204**
FT. LAUDERDALE FL 33309

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV**
 STREET ADDRESS **TRANAKAS, NICHOLAS**
 CITY-ST-ZIP **6405 NORTH FEDERAL HIGHWAY**
FT. LAUDERDALE FL 33308

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT**
 STREET ADDRESS **BARTZOKIS, THOMAS C**
 CITY-ST-ZIP **825 MEADOWS ROAD SUITE 111**
BOCA RATON FL 33486

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **ZACHAROUDIS, ARISTIDES**
 CITY-ST-ZIP **4801 NORTH FEDERAL HIGHWAY**
FT. LAUDERDALE FL 33308

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DTS**
 STREET ADDRESS **PYRROS, DIMITRI C**
 CITY-ST-ZIP **1800 NORTH FEDERAL HIGHWAY**
POMPANO BEACH FL 33062

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE ZACHARY G. MENEGAKIS**

4/25/00

561-213-7519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)