

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90834 033 ****61.25

DOCUMENT # N98000003759

1. Entity Name

GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA,

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	MENEGAKIS, ZACHARY G	5900 N.W. 33RD AVENUE SUITE 204	FT. LAUDERDALE FL 33309				
DV	TRANAKAS, NICHOLAS	6405 NORTH FEDERAL HIGHWAY	FT. LAUDERDALE FL 33308				
DT	BARTZOKIS, THOMAS C	825 MEADOWS ROAD SUITE 111	BOCA RATON FL 33486				
SD	ZACHAROUDIS, ARISTIDES	4801 NORTH FEDERAL HIGHWAY	FT. LAUDERDALE FL 33308				
DTS	PYRROS, DIMITRI C	1800 NORTH FEDERAL HIGHWAY	POMPANO BEACH FL 33062				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

561-997 7562

CR2E037 (10/00)