

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-02-2002 90132 031 ****70.00

DOCUMENT # N98000003759 ✓
1. Entity Name
**GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA,
INC.**

35075

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2100 NW 51 Street
Suite, Apt. #, etc.

3. Mailing Address
2100 NW 51 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33431 Country

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Zip
33431 Country

4. FEI Number **650847891**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: **MONIOUDIS, PERRY D.**
Street Address (P.O. Box Number is Not Acceptable)
4520 NE 18 AVE SUITE 101
City **FT. LAUDERDALE FL** Zip Code **33334**

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 _____
Registered Agent signature required when reinstating DATE _____

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MENEGAKIS, ZACHARY G. D 5305 GREENWOOD AVE, SUITE 101 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - PRESIDENT TRANAKAS, NICHOLAS D 6405 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER BARTZOKIS, THOMAS C D 825 MEADOWS ROAD SUITE III BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ZACHARODIS, ARISTEDES D 4801 NORTH FEDERAL HWY FT. LAUDERDALE, FL 33308 SECRETARY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Zachary G. Menegakis **ZACHARY G. MENEGAKIS** PRESIDENT 561-
DATE: 3/20/02 3/20/02 997-7562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR