

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003759

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

2043 NW 19 WAY  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0847891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, PATRICIA  
120 E PALMETTO PARK RD  
STE 150  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MENEGAKIS, ZACHARY G  
Address: 5305 GREENWOOD AVE. STE 101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVP ( ) Delete  
Name: TRANAKAS, NICHOLAS  
Address: 6405 NORTH FEDERAL HIGHWAY  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: DT ( ) Delete  
Name: BARTZOKIS, THOMAS C  
Address: 825 MEADOWS ROAD SUITE 111  
City-St-Zip: BOCA RATON, FL 33486

Title: SD ( ) Delete  
Name: ZACHAROUDIS, ARISTIDES  
Address: 4801 NORTH FEDERAL HIGHWAY  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MENEGAKIS, ZACHARY G  
Address: 120 EAST PALMETTO PARK RD #150  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARY MENEGAKIS

DP

04/21/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date