

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000035648

1. Entity Name  
 ZANNIS FAMILY MEDICAL CENTER, INC.



Principal Place of Business  
 1500 N UNIVERSITY DR  
 112  
 CORAL SPRINGS, FL 33071

Mailing Address  
 TWO SOUTH UNIVERSITY DR  
 215  
 PLANTATION, FL 33324



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3648281	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LYNN, BRYAN  
 TWO SOUTH UNIVERSITY DR  
 215  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ZANNIS, JASON M
STREET ADDRESS	1627 NE 17TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372472  
 07/13/05-80002-009 150.00

**DO NOT WRITE 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)(f), 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 607, 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: *Jason M. Zannis* Jason M. Zannis *7/13/05* 954-346-3120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #