

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057984

**FILED**  
**Jun 29, 2012**  
**Secretary of State**

**Entity Name:** ZACHARY G. MENEGAKIS, M.D., P.A.

**Current Principal Place of Business:**

3839 NW BOCA RATON BLVD  
SUITE 100  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2043 NW 19 WAY  
BOCA RATON, FL 334316374

**New Mailing Address:**

PO BOX 810633  
BOCA RATON, FL 334310633

FEI Number: 57-1168871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALEXANDER, PATRICIA  
2225 GLADES ROAD, SUITE 414-E  
BOCA RATON, FL 33431 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: P  
Name: MENEGAKIS, ZACHARY G  
Address: 3839 NW BOCA RATON BLVD, SUITE 100  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZACHARY G MENEGAKIS

P

06/29/2012

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

\_\_\_\_\_  
Date