

06/14/1999 09:57 561-997-7562

Z MENEGAKIS

FILE NOW: FILING FEE IS \$61.25

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Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90009 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003759

1. Corporation Name

GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA, INC.

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/25/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		☐ Applied For ☒ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

9. Name and Address of Current Registered Agent

MONIQUIS, PERRY D
4520 N.E. 18TH AVENUE SUITE 101
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENEGAKIS, ZACHARY G	1.2 NAME	
STREET ADDRESS	5300 N.W. 33RD AVENUE SUITE 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRANAKAS, NICHOLAS	2.2 NAME	
STREET ADDRESS	6405 NORTH FEDERAL HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARTZOKIS, THOMAS C	3.2 NAME	
STREET ADDRESS	825 MEADOWS ROAD SUITE 111	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZACHAROUDIS, ARISTIDES	4.2 NAME	
STREET ADDRESS	4801 NORTH FEDERAL HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	DTS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PYRROS, DMITRI C	5.2 NAME	
STREET ADDRESS	1800 NORTH FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Z. MENEGAKIS

President

6/1/99

(561) 997-7562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #