2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N98000003759

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: 120 EAST PALMETTO PARK RD #150
City-St-Zip: BOCA RATON, FL 33432

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

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 Chapter 119, 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 G. MENEGAKIS PRES 04/17/2006

Electronic Signature of Signing Officer or Director — Date