

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90186 033 ****61.25

DOCUMENT # N98000003759



1. Entity 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~~ **2043 NW 19 WAY
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

2043 NW 19 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

33431-6374

Country

Palm Beach

4. FEI Number 65-0847891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

Name

PATRICIA ALEXANDER

Street Address (P.O. Box Number is Not Acceptable)

120 E. PALMETTO PARK RD.

SUITE 150

City

BOCA RATON

FL

Zip Code

33432

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

Patricia Alexander

PATRICIA ALEXANDER

4/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MENEGAKIS, ZACHARY G
STREET ADDRESS 5305 GREENWOOD AVE. STE 101
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE DVP ☐ Delete
NAME TRANAKAS, NICHOLAS
STREET ADDRESS 6405 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE DT ☐ Delete
NAME BARTZOKIS, THOMAS C
STREET ADDRESS 825 MEADOWS ROAD SUITE 111
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☐ Delete
NAME ZACHAROUDIS, ARISTIDES
STREET ADDRESS 4801 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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:

SIGNATURE *Zachary G. Menegakis* **PRESIDENT**
ZACHARY G. MENEGAKIS

4/15/03

561-213-7519

CR2E037 (10/02)