

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED
Apr 30, 2014
Secretary of State
CC0956504609**

Entity Name: GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

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

Current Mailing Address:

2043 NW 19 WAY
BOCA RATON, FL 33431

FEI Number: 65-0847891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, PATRICIA
4800 N FEDERAL HIGHWAY, SUITE E302
BOCA RATON, FL 33431 US

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

Officer/Director Detail :

Title DP
Name MENEGAKIS, ZACHARY G
Address 3839 NW BOCA RATON BLVD, SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title DVP
Name TRANAKAS, NICHOLAS
Address 6405 NORTH FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

Title DT
Name BARTZOKIS, THOMAS C
Address 825 MEADOWS ROAD SUITE 111
City-State-Zip: BOCA RATON FL 33486

Title SD
Name ZACHAROUDIS, ARISTIDES
Address 4801 NORTH FEDERAL HIGHWAY
City-State-Zip: FT. LAUDERDALE FL 33308

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

SIGNATURE: ZACHARY MENEGAKIS

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date