

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003759

**FILED  
Apr 29, 2017  
Secretary of State  
CC3571894580**

**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:**

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

**FEI Number: 65-0847891**

**Certificate of Status Desired: No**

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

ALEXANDER, PATRICIA  
3839 NW BOCA RATON BLVD  
SUITE 100  
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

*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**

**04/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date