## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003759

Entity Name: GREEK AMERICAN MEDICAL SOCIETY OF SOUTH FLORIDA,

INC.

FILED Apr 29, 2017 Secretary of State CC3571894580

## **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 Title DVP

Name MENEGAKIS, ZACHARY G Name TRANAKAS, NICHOLAS

Address 3839 NW BOCA RATON BLVD, SUITE Address 6405 NORTH FEDERAL HIGHWAY

City-State-Zip: FT. LAUDERDALE FL 33308

City-State-Zip: BOCA RATON FL 33431

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