

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000035648

**Entity Name:** ZANNIS FAMILY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1500 N UNIVERSITY DR  
112  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1500 N UNIVERSITY DR  
112  
CORAL SPRINGS, FL 33071

**FEI Number:** 04-3648281

**Certificate of Status Desired:** No

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

ZANNIS, JASON  
1500 N. UNIVERSITY DR.  
112  
CORAL SPRINGS, FL 33071 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 P  
Name ZANNIS, JASON M  
Address 1627 NE 17TH AVE  
City-State-Zip: FT LAUDERDALE FL 33305

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

**SIGNATURE:** JASON ZANNIS

**OWNER**

**01/11/2014**

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

\_\_\_\_\_  
Date