

**2023 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000035648

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

**Current Principal Place of Business:**

1500 N UNIVERSITY DR  
STE 112  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1500 N UNIVERSITY DR  
STE 112  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 04-3648281

**Certificate of Status Desired:** No

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

ZANNIS, JASON  
1500 N. UNIVERSITY DR.  
STE 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:** JASON ZANNIS

10/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ZANNIS, JASON M  
Address 1500 N UNIVERSITY DR  
STE 112  
City-State-Zip: CORAL SPRINGS FL 33071

*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

PHYSICIAN OWNER

10/04/2023

Electronic Signature of Signing Officer/Director Detail

Date