

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

DOCUMENT# N13000004672

**Entity Name:** MEDICAL ADVANCES IN RESEARCH, TECHNOLOGY AND EDUCATION FOUNDATION, INC.

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC1857586297**

**Current Principal Place of Business:**

12903 PEPPER PL  
TAMPA, FL 33624

**Current Mailing Address:**

12903 PEPPER PL  
TAMPA, FL 33624 US

**FEI Number: 46-2821834**

**Certificate of Status Desired: No**

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

ZABETAKIS, MARIA E  
12903 PEPPER PL  
TAMPA,, FL 33624 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 D  
Name ZIOIOPOULOS, LYNN DR  
Address 8580 W FOSTER AVENUE  
City-State-Zip: NORRIDGE IL 70706

Title D  
Name HEIKKINEN, AL  
Address 8580 W FOSTER AVENUE  
City-State-Zip: NORRIDGE IL 70706

Title D  
Name ZABETAKIS, MARIA E  
Address 12903 PEPPER PL  
City-State-Zip: TAMPA FL 33624

Title P  
Name ZABETAKIS, MARIA E  
Address 12903 PEPPER PL  
City-State-Zip: TAMPA FL 33624

Title S  
Name BAKIRDGI, JOAN  
Address 4510 S CLARK AVENUE  
City-State-Zip: TAMPA FL 33611

Title T  
Name HUME, DONALD  
Address 4507 9TH ST W  
City-State-Zip: BRADENTON FL 34207

Title D  
Name HOLCOMB, JULIE  
Address 3103 W BAY VILLA AVENUE UNIT 1  
City-State-Zip: TAMPA FL 33611

*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: MARIA ZABETAKIS**

**PRESIDENT**

**03/21/2017**

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

\_\_\_\_\_  
Date