

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. HARRIS
GOVERNOR

DOCUMENT # P94000008480 (3)

To: Corporation Name

G-4 MEDICAL CENTERS, INC.

**APPROVED
AND
FILED**

05 MAY -1 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4700 S.W. 51 STREET SUITE 200 DAVIE FL		4700 S.W. 51 STREET SUITE 200 DAVIE FL		3. Date Recorporated or Renewed 02/02/1994		3b. Date of Next Report	
2. Principal Office Address 21 1650 N.E. 26th Street		2a. Mailing Address 26 1650 N.E. 26th Street		4. FIC Number 65-0466768		Applicant Fee Paid Application	
22 101		27 101		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23 Fort Lauderdale, FL		28 Fort Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24 33305 25 USA		29 33305 30 USA		8. This corporation has a principal office in Florida ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent GREENBERG, ALAINE S 6950 CYPRESS ROAD SUITE 101 PLANTATION FL 33317				10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code			
11. Pursuant to the provisions of Sections 605 and 606 of the Florida Statutes, the undersigned corporation certifies the statement for this year and the changes in registered office or principal office in the State of Florida. Such changes were authorized by this corporation's board of directors, thereby adopting the appointment as requested, except in the event where such changes are prohibited by Florida Statutes.							
SIGNATURE							
12. ADDITIONAL OFFICERS AND DIRECTORS NAME D MORADI, AHMAD STREET ADDRESS 4700 S.W. 51 STREET, # 200 CITY DAVIE FL				13. ADDITIONAL CORPORATE SECRETARIES AND TREASURERS NAME Delete moradi, Ahmad ☒ Change ☐ Add NAME President Lourdes moradi ☐ Change ☒ Add STREET ADDRESS 1650 N.E. 26th Street #101 CITY FL. Lauderdale, FL 33305			
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14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am not equally for the corporation stated in Sections 605 and 606 of the Florida Statutes. Further, I certify that the information submitted for this annual report or supplemental annual report is true and correct, and that my signature shall make this report legally effective and binding on the corporation. I am a director of the corporation or the secretary or treasurer of the corporation, or a person authorized to execute this report on behalf of the corporation. I am a director of the corporation or the secretary or treasurer of the corporation, or a person authorized to execute this report on behalf of the corporation.							
SIGNATURE: Lourdes Moradi				5-1-95 323-5105			