

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000008480 (3)

1. Corporation Name

G-4 MEDICAL CENTERS, INC.

Principal Place of Business

1650 NE 26TH STREET  
#101  
FT. LAUDERDALE FL 33305  
US

Mailing Address

1650 NE 26TH STREET  
#101  
FT. LAUDERDALE FL 33305-1431  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
02/02/1994

3a. Date of Last Report  
09/16/1996

4. FEI Number  
65-0466768

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

GREENBERG, ALAINE S  
345 W. OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311

81 Name  
AHMAD MORADI PhD  
82 Street Address (P.O. Box Number is Not Acceptable)  
1650 NE 26 STREET SUITE 101  
83  
84 City  
FT Lauderdale FL 33305

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ahmad Moradi*

Signature typed or printed name of registered agent and title if applicable

*AHMAD MORADI PhD*

1-12-97

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |                                 |                   |   |
|----------------|--------------------------|---------------------------------|-------------------|---|
| TITLE          | P                        | <input type="checkbox"/> DELETE | 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MORADI, AHMAD            |                                 | 12 NAME           |   |
| STREET ADDRESS | 1650 NE 26TH STREET #101 |                                 | 13 STREET ADDRESS |   |
| CITY-ST-ZIP    | FT. LAUDERDALE FL 33305  |                                 | 14 CITY-ST-ZIP    |   |
| TITLE          |                          | <input type="checkbox"/> DELETE | 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                 | 22 NAME           |   |
| STREET ADDRESS |                          |                                 | 23 STREET ADDRESS |   |
| CITY-ST-ZIP    |                          |                                 | 24 CITY-ST-ZIP    |   |
| TITLE          |                          | <input type="checkbox"/> DELETE | 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                 | 32 NAME           |   |
| STREET ADDRESS |                          |                                 | 33 STREET ADDRESS |   |
| CITY-ST-ZIP    |                          |                                 | 34 CITY-ST-ZIP    |   |
| TITLE          |                          | <input type="checkbox"/> DELETE | 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                 | 42 NAME           |   |
| STREET ADDRESS |                          |                                 | 43 STREET ADDRESS |   |
| CITY-ST-ZIP    |                          |                                 | 44 CITY-ST-ZIP    |   |
| TITLE          |                          | <input type="checkbox"/> DELETE | 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                 | 52 NAME           |   |
| STREET ADDRESS |                          |                                 | 53 STREET ADDRESS |   |
| CITY-ST-ZIP    |                          |                                 | 54 CITY-ST-ZIP    |   |
| TITLE          |                          | <input type="checkbox"/> DELETE | 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                 | 62 NAME           |   |
| STREET ADDRESS |                          |                                 | 63 STREET ADDRESS |   |
| CITY-ST-ZIP    |                          |                                 | 64 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97

954-563-5105

Daytime Phone #

CR2E034 (9/96)