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Jan 21 1997 8:00am
Secretary of State

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

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

AHMAD MORADI PH.D

82 Street Address (P.O. Box Number is Not Acceptable)

1650 NE 26 STREET SUITE 101

83

84 City

FT. Lauderdale

FL

85 Zip Code

33305

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 PH.D
(NOTE: Registered Agent signature required when reinstating)

1-12-97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME P
STREET ADDRESS MORADI, AHMAD
CITY-ST-ZIP 1650 NE 26TH STREET #101
FT. LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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: *Ahmad Moradi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-97
Date

954-563-5105
Daytime Phone #

CR2E034 (9/96)