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95 MAY - 1 AM 9: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F99176 (2)**

1. Corporation Name  
**FLORIDA NEUROLOGIC CENTER, P.A.**

Principal Place of Business <b>C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484</b>	Mailing Address <b>C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>09/20/1982</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>59-2303067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORARIU, M. ALBIN, M.D.  
5258 LINTON BLVD., S-101  
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MORARIU, RODICA</b>
STREET ADDRESS	<b>7042 AYRSHIRE LANE</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 00000</b>
TITLE	<b>PD</b>
NAME	<b>MORARIU, ALBIN M</b>
STREET ADDRESS	<b>7042 AYRSHIRE LANE</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 00000</b>
TITLE	<b>S</b>
NAME	<b>BURGESS, HELGA</b>
STREET ADDRESS	<b>1035 S. FEDERAL HWY, PH-4</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>KENNEDY, AIMEE</b>
STREET ADDRESS	<b>1459 E. CENTRAL STREET</b>
CITY - ST - ZIP	<b>LANTANA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>LOVIN, NINA</b>
13 STREET ADDRESS	<b>11393 WOODCHUCK LANE</b>
14 CITY - ST - ZIP	<b>BOCA RATON, FL 33428</b>
21 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>BUNACIU, IOAN</b>
23 STREET ADDRESS	<b>7341 ARTHUR STREET</b>
24 CITY - ST - ZIP	<b>HOLLYWOOD, FL 33024</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*2/5/95*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment without address.

SIGNATURE: *[Signature]* **4-11-95** (407)497-4667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**M. ALBIN MORARIU, M.D.** Date: \_\_\_\_\_ (Typed Name)