


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

FILED

Apr 28 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F99176 (2)
 1. Corporation Name
FLORIDA NEUROLOGIC CENTER, P.A.



| | |
|---|--|
| Principal Place of Business C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484 | Mailing Address C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484-6584 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/20/1982 | 3a. Date of Last Report 04/16/1996 |
| 4. FEI Number 59-2303067 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 25. Country | 30. Country |

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

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | RISHI MAHARAJ |
| STREET ADDRESS | 6510 N.W. 1ST STREET |
| CITY - ST - ZIP | MARGATE FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | MORARIU, ALBIN M |
| STREET ADDRESS | 7042 AYRSHIRE LANE |
| CITY - ST - ZIP | BOCA RATON FL 33496 |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | BUNACIU, IOAN |
| STREET ADDRESS | 7341 ARTHUR STREET |
| CITY - ST - ZIP | HOLLYWOOD FL 33024 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SUSAN METCALFE |
| 1.3 STREET ADDRESS | 22312 Calibre Court #1103 |
| 1.4 CITY - ST - ZIP | Boca Raton, FL 33433 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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: **X**  **Dr. M. ALBIN MORARIU (561) 499-4667**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-17-97** Daytime Phone #

CR2E034 (9/96)