

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99176

1. Entity Name
FLORIDA NEUROLOGIC CENTER, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90030 008 ***150.00

Principal Place of Business Mailing Address
C/O M. ALBIN MORARIU, M.D.
5258 LINTON BLVD., SUITE 101
DELRAY BEACH FL 33484 C/O M. ALBIN MORARIU, M.D.
5258 LINTON BLVD., SUITE 101
DELRAY BEACH FL 33484-6564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-2303067** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MORARIU, M. ALBIN, M.D.
5258 LINTON BLVD., S-101
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office to **M. ALBIN MORARIU, M.D.**, the State of Florida.
NEUROLOGY
5258 LINTON BLVD., SUITE 101
DELRAY BEACH, FLORIDA 33484
SIGNATURE X DATE **4-13-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required for Certain Filings)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIORICA-MICHAELA, BALASOLU 5782 FROST LANE DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORARIU, ALBIN M 7042 AYRSHIRE LANE BOCA RATON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUNACIU, IOAN 7341 ARTHUR STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. **M. ALBIN MORARIU, M.D.**

SIGNATURE: X **NEUROLOGY**
5258 LINTON BLVD., SUITE 101
DELRAY BEACH, FLORIDA 33484 DATE **4-13-00** Daytime Phone # **(561) 499-4607**

CR2E034 (9/99)