

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90114 031 ***150.00

5013924

DOCUMENT # F99176

1. Entity 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
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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 <input type="checkbox"/> \$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 Accepted) _____
 City _____ Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

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, 2001 Fee will be \$250.00
 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 checked="" 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 <i>-address changed</i>	<input checked="" 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	SECRETARY LISA HUFFMAN - SOKAL 1551 CARRIE WAY WEST PALM BEACH, FLA. 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER IOAN BUNACIU 5292 BUCHANAN STREET DELRAY BEACH, FL 33484	<input checked="" 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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *4/30/01* Daytime Phone: *561/499-4667*

CR2E034 (10/00)