## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # F99176** 1. Entity Name FLORIDA NEUROLOGIC CENTER, P.A. Principal Place of Business Mailing Address C/O M. ALBIN MORARIU, M.D. C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc Suite, Apt. #, etc City & State City & State Zin Country Zip Country 6. Name and Address of Current Registered Agent Name MORARIU, M. ALBIN, M.D. Street Address (P 5258 LINTON BLVD., S-101 DELRAY BEACH FL 33484 8. The above named entity submits this statement for the purpose of changing its registered office or registered Signature, typed or or need name of registered agent and title if aget-cable (NOTE: Registered Agent signature required w FILE NOW!!! FEE 16 \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee with be \$550.00 (See criteria on back) Wake Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE SECK **X** Delete THE VIORICA-MICHAELA, BALASOLU NAME LISA STREET ADDRESS 5782 FROST LANE STREET ADDRESS 1551 CITY - ST - ZiP CITY-ST-ZIP DELRAY BEACH FL 33484 WEST THLE ☐ Delete THE MORARIU, ALBIN M NAME SIREE! ADDRESS 7042 AYRSHIRE LANE STREET ADDRESS

## **FILED** Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90114 031 \*\*\*150.00

HUFFMAN - SOKAL  CARRIE WAY  PAM BETTCH, FCA. 33417  Change Addition  WREC  N ROUNACIU  STREET  RAU BACHANAN STREET  RAU BACHANAN PL. 33484  CHANGE ACMIT	DO 1	NOT WRITE IN THIS	SPACE	
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\$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. Deach State St	59-2	(303007		
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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 1° or Block 21 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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HOLLYWOOD FL 33024

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