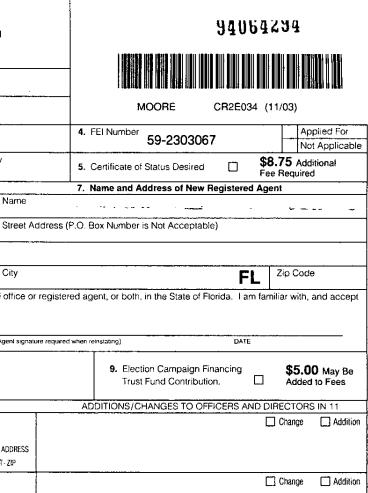
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # F99176 1. Entity Name FLORIDA NEUROLOGIC CENTER, P.A. Principal Place of Business Mailing Address C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484 C/O M. ALBIN MORARIU, M.D. 5258 LINTON BLVD., SUITE 101 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

## FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90428 007 \*\*\*150.00



City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 New ADDRESS Delete TITLE TITLE MORARIU, MIRCEA NAME NAME 4506 PINETREE DR. 7969 TRIECTE PLAC STREET ADDRESS STREET ADDRESS BOYNTON BEACH, 7133836 DELRAY BEACH FL 33446 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE MORARIU, ALBIN M NAME NAME 7042 AYRSHIRE LANE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33496 CITY-ST-ZIP CITY-ST-ZIP NAME, WRONG O ☐ Change TITLE ☐ Delete TITLE ☐ Addition MORARIU, RODICA MARARIU, MOSREA-NAME NAME 7042 MUSHIRE IN. STREET ADDRESS 7042 AYASHIRE LN STREET ADDRESS CITY-ST-ZIP BOCARATON FL 33496 BOCA-RATON, FI. 33496 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

City & State

Country

MORARIU, M. ALBIN, M.D. 5258 LINTON BLVD., S-101

DELRAY BEACH FL 93484

6. Name and Address of Current Registered Agent

Zip

ROSICA HORATCIU Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR