

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 21, 2006  
Secretary of State**

DOCUMENT# F99176

Entity Name: FLORIDA NEUROLOGIC CENTER, P.A.

**Current Principal Place of Business:**

C/O M. ALBIN MORARIU, M.D.  
5258 LINTON BLVD., SUITE 101  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M. ALBIN MORARIU, M.D.  
5258 LINTON BLVD., SUITE 101  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 59-2303067      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORARIU, M. ALBIN, M.D.  
5258 LINTON BLVD., S-101  
DELRAY BEACH, FL 33484      US

**Name and Address of New Registered Agent:**

MORARIU, M. ALBIN  
5258 LINTON BLVD., S-101  
DELRAY BEACH, FL 33484      US

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: MORARIU ALBIN      02/21/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: MORARIU, MIRCEA  
Address: 4506 PINE TREE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD      ( ) Delete  
Name: MORARIU, ALBIN M.  
Address: 7042 AYRSHIRE LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: T      ( ) Delete  
Name: MORARIU, RODICA  
Address: 7042 AYRSHIRE LN  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORARIU M. ALBIN      P      02/21/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date