

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99176

**FILED**  
**Feb 27, 2007**  
**Secretary of State**

**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  
5258 LINTON BLVD., S-101  
DELRAY BEACH, FL 33484      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**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: RODICA MORARIU

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02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date