

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99176

FILED
Apr 19, 2011
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, ALBIN M MD
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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: M. ALBIN MORARIU

PRES

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date