

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99176

**FILED
Apr 15, 2016
Secretary of State
CC6693678442**

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

Current Mailing Address:

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

FEI Number: 59-2303067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORARIU, ALBIN MMD
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title V
Name MORARIU, MIRCEA AMD
Address 3057 WATERSIDE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33435

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

Title T
Name BUNACIU, IOAN
Address 5179 CORTEZ COURT
City-State-Zip: DELRAY BEACH FL 33484

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, MD

PRESIDENT

04/15/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date