

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99176

**FILED  
Apr 13, 2015  
Secretary of State  
CC9587427532**

**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**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date