

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

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 PD
Name MORARIU, ALBIN M
Address 7042 AYRSHIRE LANE
City-State-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: ALBIN M. MORARIU, MD

PRESIDENT

03/05/2025

Electronic Signature of Signing Officer/Director Detail

Date