

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000033462

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** NEUROTRIALS, LLC

**Current Principal Place of Business:**

10151 ENTERPRISE CENTER BLVD.  
SUITE 104  
BOYNTON BEACH, FL 33483 US

**New Principal Place of Business:**

10151 ENTERPRISE CENTER BLVD.  
SUITE 104  
BOYNTON BEACH, FL 33437 US

**Current Mailing Address:**

P.O. BOX 832052  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

10151 ENTERPRISE CENTER BLVD.  
SUITE 104  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 26-4719527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGER, MICHAEL S ESQ.  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GERSTLE, GABRIELLA  
Address: 10151 ENTERPRISE CENTER BLVD. #104  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: MGRM  
Name: GERSTLE, MICHAEL  
Address: 6308 DOUGLAS AVENUE  
City-St-Zip: DALLAS, TX 75205

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GABRIELLA GERSTLE

MGRM

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date