

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083883

**FILED**  
**Apr 17, 2005**  
**Secretary of State**

**Entity Name:** METROPOLITAN NEUROLOGY, INC.

**Current Principal Place of Business:**

250 DIXIE BLVD.  
103  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 52  
DELRAY BEACH, FL 33447 US

**New Mailing Address:**

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

**FEI Number:** 65-0532000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GERSTLE, GABRIELLA  
250 DIXIE BLVD #103  
DELRAY BEACH, FL 33444 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: GERSTLE A, GABRIELLA  
Address: 250 DIXIE BLVD #103  
City-St-Zip: DELRAY BEACH, FL 33444

Title: V ( ) Delete  
Name: GERSTLE, MICHAEL  
Address: 250 DIXIE BLVD #103  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GABRIELLA GERSTLE

PTS

04/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date