

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083883

FILED
Apr 26, 2009
Secretary of State

Entity Name: METROPOLITAN NEUROLOGY, INC.

Current Principal Place of Business:

10151 ENTERPRISE CENTER BLVD
104
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
10151 ENTERPRISE CENTER BLVD
#104
BOYNTON BEACH, FL 33437 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, GABRIELLA
Address: 10151 ENTERPRISE CENTER BLVD #104
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: GERSTLE, MICHAEL
Address: 10151 ENTERPRISE CENTER BLVD #104
City-St-Zip: BOYNTON BEACH, FL 33437

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 exemption stated in Chapter 119, 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

PTSD

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date