

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083883

Entity Name: METROPOLITAN NEUROLOGY, INC.

FILED  
Apr 26, 2008  
Secretary of State

## Current Principal Place of Business:

250 DIXIE BLVD.  
103  
DELRAY BEACH, FL 33444 US

## Current Mailing Address:

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

## New Principal Place of Business:

10151 ENTERPRISE CENTER BLVD  
104  
BOYNTON BEACH, FL 33437 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  
250 DIXIE BLVD #103  
DELRAY BEACH, FL 33444 US

## Name and Address of New Registered Agent:

GERSTLE, GABRIELLA  
10151 ENTERPRISE CENTER BLVD  
#104  
BOYNTON BEACH, FL 33437 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:

04/26/2008

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: PTSD (X) Change ( ) Addition  
Name: GERSTLE, GABRIELLA  
Address: 10151 ENTERPRISE CENTER BLVD #104  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

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04/26/2008

Electronic Signature of Signing Officer or Director

Date