

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000083883

**FILED**  
**Apr 29, 2012**  
**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:**

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  
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

**OFFICERS AND DIRECTORS:**

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

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

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: GABRIELLA GERSTLE

PRES

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date