

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053335

FILED
Apr 10, 2007
Secretary of State

Entity Name: PHYSICIANS REMOTE SOLUTIONS, INC.

Current Principal Place of Business:

15 EAST PUTNAM AVE
#385
GREENWICH, CT 06830

New Principal Place of Business:

64 SECRETARIAT COURT
TINTON FALLS, NJ 07724 US

Current Mailing Address:

15 EAST PUTNAM AVE
#385
GREENWICH, CT 06830

New Mailing Address:

64 SECRETARIAT COURT
TINTON FALLS, NJ 07724 US

FEI Number: 22-3914075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISMAN, JONATHAN B
6975 NW 62ND TERRACE
PARKLAND, FL 33067 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: D () Delete
Name: CELLA, AL
Address: 250 BARNALLOW CT
City-St-Zip: MANERVILLE, NY 11787

Title: D () Delete
Name: HANOVER, LEE
Address: 11 PAM DR
City-St-Zip: COMMACK, NY 11725

Title: D () Delete
Name: HOROWITZ, MARTIN
Address: 11 PAM DR
City-St-Zip: COMMACK, NY 11725

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CELLA, ALFRED
Address: 250 BARN SWALLOW CT
City-St-Zip: MANORVILLE, NY 11949 US

Title: S (X) Change () Addition
Name: HANOVER, LEE
Address: 11 PAM DR
City-St-Zip: COMMACK, NY 11725 US

Title: D (X) Change () Addition
Name: HOROWITZ, MARTIN
Address: 11 PAM DR
City-St-Zip: COMMACK, NY 11725 US

Title: D () Change (X) Addition
Name: CELLA, GARY
Address: 15 EAST PUTNAM AVE #385
City-St-Zip: GREENWICH, CT 06830 US

Title: P () Change (X) Addition
Name: LAROSE, CHRIS T
Address: 64 SECRETARIAT COURT
City-St-Zip: TINTON FALLS, NJ 07724 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRIS T. LAROSE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date