


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90069 009 \*\*\*150.00

<b>DOCUMENT # F01000001311</b> 1. Entity Name <b>PHYSIOMETRICS, INC.</b>					
Principal Place of Business <b>520 FELLOWSHIP ROAD SUITE C-306 MOUNT LAUREL, NJ 08054</b>			Mailing Address <b>520 FELLOWSHIP ROAD SUITE C-306 MOUNT LAUREL, NJ 08054</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARMER, KEITH</b>		NAME		
STREET ADDRESS	<b>24 OAKWOOD DRIVE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>MEDFORD, NJ 08055</b>		CITY- ST- ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>KLEINFELTER, BRAD</b>		NAME	<b>JAMES J. VINCENZO</b>	
STREET ADDRESS	<b>226 GUILFORD AVE</b>		STREET ADDRESS	<b>4136 PRESIDENTIAL DRIVE</b>	
CITY- ST- ZIP	<b>COLLINGSWOOD, NJ 08108</b>		CITY- ST- ZIP	<b>LAFAYETTE HILL PA 19444</b>	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CONROY, STEPHEN M</b>		NAME	<b>JAMES J. VINCENZO</b>	
STREET ADDRESS	<b>3 WELLESLEY CT</b>		STREET ADDRESS	<b>4136 PRESIDENTIAL DRIVE</b>	
CITY- ST- ZIP	<b>MEDFORD, NJ 08055</b>		CITY- ST- ZIP	<b>LAFAYETTE HILL, PA 19444</b>	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>IONA, JOHN R</b>		NAME		
STREET ADDRESS	<b>2305 CRANBERRY COURT</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>LAFAYETTE HILL, PA 19444</b>		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACOBY, RICHARD A</b>		NAME		
STREET ADDRESS	<b>2490 WHITE HORSE ROAD</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>BERWYN, PA 19312</b>		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AYERLE, ROBERT A</b>		NAME		
STREET ADDRESS	<b>731 SKIPPACK PIKE</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>BLUE BELL, PA 19422</b>		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			3/17/05      856-608-9900 <small>Date      Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					