

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90733 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000001311

1. Entity Name
PHYSIOMETRICS, INC.



Principal Place of Business
520 FELLOWSHIP ROAD, SUITE B-201
STE 306
MOUNT LAUREL, NJ 08054

Mailing Address
520 FELLOWSHIP ROAD, SUITE B-201
STE 306
MOUNT LAUREL, NJ 08054

70039951



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
520 Fellowship Road
Suite, Apt. #, etc.
Suite C-306

3. Mailing Address
520 Fellowship Road
Suite, Apt. #, etc.
Suite C-306

City & State
Mt. Laurel NJ
Zip
08054 Country
USA

City & State
Mt. Laurel NJ
Zip
08054 Country
USA

4. FEI Number
52-2255164 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2626

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PTD	MARMER, KEITH	24 OAKWOOD DRIVE	MEDFORD, NJ 08056	<input type="checkbox"/>
SD	KLEINFELTER, BRAD	226 GUILFORD AVE	COLLINGSWOOD, NJ 08108	<input type="checkbox"/>
D	MARMER, CRAIG	1900 BEACH STREET	SAN FRANCISCO, CA 94123	<input type="checkbox"/>
D	RITNER, STEPHEN R	792 PERIWINKEL LANE	WYNNEWOOD, PA 19096	<input type="checkbox"/>
D	JACOBY, RICHARD A	2490 WHITE HORSE ROAD	BERWYN, PA 19312	<input type="checkbox"/>
D	GARBER, ROBERT D	138 GREENVALE ROAD	CHERRY HILL, NJ 08003	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

5 South Pembroke Ave
Margate, NJ 08402

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Stephen M. Conroy Stephen M. Conroy 4/8/03

856-608-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 70039957
F01000001311

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PhysioMetrics, Inc.

Document # F01000001311

Additional Officer & Director

Block 10

Title	T
Name	Conroy, Stephen M
Street Address	3 Wellesley Court
City-ST-Zip	Medford, NJ 08055

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Title	D
Name	Ayerle, Robert A
Street Address	P.O. Box 1205, 731 Skippack Pike
City-ST-Zip	Blue Bell, PA 19422
