


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 037 ***150.00

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1. Entity Name
 PHYSICIANS REMOTE SOLUTIONS, INC.



Principal Place of Business
 5 RIDGE ROAD
 COS COB, CT 06807

Mailing Address
 5 RIDGE ROAD
 COS COB, CT 06807

2. Principal Place of Business
 15 EAST PUTNAM AVE #
 Suite, Apt. #, etc. 385

3. Mailing Address
 15 EAST PUTNAM AVE
 Suite, Apt. #, etc. 385

City & State
 Greenwich CT

City & State
 CT Greenwich

Zip
 06830

Country
 USA

Zip
 06830

Country
 USA



04282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

REISMAN, JONATHAN B
 6975 NW 62ND TERRACE
 PARKLAND, FL 33067

7. Name and Address of New Registered Agent

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

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 *Sam Cella*
 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AI Cella Director <input type="checkbox"/> Delete CT 11787 NY 250 BAMSALLOW MANERVILLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee Hanover Director <input type="checkbox"/> Delete 11 PAM Drive COMMACK NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin Horowitz Director <input type="checkbox"/> Delete 11 PAM Drive COMMACK NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sam Cella*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/06 203
 Daytime Phone #: 622-1848