

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA9687**
1. Corporation Name

TRANSWORLD NURSES, INC.

Principal Place of Business: 4900 Route 33, Suite 100 Wall, NJ 07753-6804
Mailing Address: 4900 Route 33, Suite 100 Wall, NJ 07753-6804

3. Date Incorporated or Qualified: 01/17/1988
3a. Date of Last Report: 4/21/95

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt #, etc, City & State, and Zip & Country.

4. FEI Number: 22-2853420
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**Corporation Information Services, Inc.
1201 Hayes Street
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	Raymond, Joseph J.	
STREET ADDRESS	200 Schulz Drive	
CITY-ST-ZIP	Red Bank, NJ 07701	
TITLE	COO/D	<input type="checkbox"/> DELETE
NAME	Robert W. Fine	
STREET ADDRESS	200 Schulz Drive	
CITY-ST-ZIP	Red Bank, NJ 07701	
TITLE	CFO/D	<input type="checkbox"/> DELETE
NAME	Wayne A. Palladino	
STREET ADDRESS	11 Skyline Drive	
CITY-ST-ZIP	Hawthorne, NY 10532-2119	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	Leslie J. Levinson	
STREET ADDRESS	805 3rd Avenue, 20th Floor	
CITY-ST-ZIP	New York, NY 10022	
TITLE	P/O	<input type="checkbox"/> DELETE
NAME	Buhrman, Kevin M.	
STREET ADDRESS	4900 Route 33, Suite 100	
CITY-ST-ZIP	Wall, NJ 07753-6804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin M. Buhrman DATE: 5/6/96 (908)938-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Kevin M. Buhrman, President

CR2E034 (12/95)