

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P19687 (3)
 1. Corporation Name
TRANSWORLD HOME HEALTHCARE - NURSING DIVISION, I NC.



Principal Place of Business: **4900 ROUTE 33 STE. 100 WALL NJ 07753**
 Mailing Address: **4900 ROUTE 33 STE. 100 WALL NJ 07753-6825**

3. Date Incorporated or Qualified: **06/17/1988**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **22-2853420**
 Applied For: Not Applicable:
 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND, JOSEPH J.	
STREET ADDRESS	200 SCHULZ DR	
CITY-ST-ZIP	RED BANK NJ 07701	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	FINE, ROBERT W	
STREET ADDRESS	200 SCHULZ DR	
CITY-ST-ZIP	RED BANK NJ 07701	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	PALLADINO, WAYNE A	
STREET ADDRESS	11 SKYLINE DRIVE	
CITY-ST-ZIP	HAWTHORNE NY 10532-2119	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVINSON, LESLIE J	
STREET ADDRESS	805 3RD AVENUE, 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NE 10022	
TITLE	PO	<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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Acting CEO/COO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	75 Terminal Avenue
24 CITY-ST-ZIP	Clark, NJ 07066
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 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: _____ DATE: **1/13/97** (908)938-5550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)