

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P19687 (3)**

1. Corporation Name  
**TRANSWORLD HOME HEALTHCARE - NURSING DIVISION, I NC.**

Principal Place of Business <b>4900 ROUTE 33 STE. 100                  WALL NJ 07753</b>	Mailing Address <b>4900 ROUTE 33 STE. 100                  WALL NJ 07753</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1988</b>	
21		26		4. FEI Number <b>22-2853420</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CORPORATION INFORMATION SERVICES, INC.</b> <b>1201 HAYES STREET</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>ACCD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C/CEO</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>FINE, ROBERT W</b>		1.2 NAME	<b>Aitken, Timothy</b>			
STREET ADDRESS	<b>75 TERMINAL AVENUE</b>		1.3 STREET ADDRESS	<b>555 Madison Ave., 30th Floor</b>			
CITY-ST-ZIP	<b>CLARK NJ</b>		1.4 CITY-ST-ZIP	<b>New York, NY 10022-7940</b>			
TITLE	<b>CFOD</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>PALLADINO, WAYNE A</b>		2.2 NAME				
STREET ADDRESS	<b>11 SKYLINE DRIVE</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>HAWTHORNE NY 10532-2119</b>		2.4 CITY-ST-ZIP				
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>S/O</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>LEVINSON, LESLIE J</b>		3.2 NAME	<b>Greg Marsella</b>			
STREET ADDRESS	<b>805 3RD AVENUE, 20TH FLOOR</b>		3.3 STREET ADDRESS	<b>555 Madison Ave., 30th Floor</b>			
CITY-ST-ZIP	<b>NEW YORK NE 10022</b>		3.4 CITY-ST-ZIP	<b>New York, NY 10022-7940</b>			
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BUHRMAN, KEVIN M.</b>		4.2 NAME				
STREET ADDRESS	<b>4900 ROUTE 33, SUITE 100</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>WALL NJ 07753-8804</b>		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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* **Kevin M. Buhrman** 03/11/98 (732) 938-5550

CR2E034 (10/97)