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Mar 10 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 # P96000036774 (3)

1. Corporation Name  
TRANSWORLD WOUND CARE SUPPLY, INC.



Principal Place of Business: 8400 BAYMEADOWS WAY SUITE 3 JACKSONVILLE FL 32256  
Mailing Address: 8400 BAYMEADOWS WAY SUITE 3 JACKSONVILLE FL 32256-8238

3. Date Incorporated or Qualified: 04/22/1996  
3a. Date of Last Report  
4. FEI Number: 59-3382468  
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 State Apt # etc.  
22 City & State  
23 Zip Country  
24  
25  
2a. Mailing Address  
26 Suite Apt # etc.  
27 City & State  
28 Zip Country  
29  
30

9. Name and Address of Current Registered Agent  
ELEFANT, FRED  
1650 PRUDENTIAL DR  
SUITE 105  
JACKSONVILLE FL 32207

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

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: D  DELETE  
NAME: RAYMOND, JOSEPH J  
STREET ADDRESS: 4900 RT 33 SUITE 100  
CITY-ST-ZIP: WALL NJ 07753-8804  
TITLE: D  DELETE  
NAME: PALLADINO, WAYNE A  
STREET ADDRESS: 11 SKYLINE DR  
CITY-ST-ZIP: HAWTHORNE NY 10532-2119  
TITLE: D  DELETE  
NAME: FINE, ROBERT  
STREET ADDRESS: 4900 RT 33 SUITE 100  
CITY-ST-ZIP: WALL NJ 07753-8804  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: CHIEF EXECUTIVE OFFICER  Change  Addition  
1.2 NAME: AITKIN, TIMOTHY  
1.3 STREET ADDRESS: 75 TERMINAL AVE  
1.4 CITY-ST-ZIP: CLARK, NJ 07066  
2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 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 included 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 treasurer 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)