FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 4:17

DOCUMENT # **639698** **(0)**

1. Corporation Name
P. V. M. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O TNS NURSING HOME ~~900 SYLVAN AVE.~~ ENGLEWOOD CLIFFS NJ 07632	C/O TNS NURSING HOME ~~900 SYLVAN AVE.~~ ENGLEWOOD CLIFFS NJ 07632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1979**
3a. Date of Last Report: **06/23/1994**

2. Principal Place of Business
21 **910 Sylvan Avenue**
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 **910 Sylvan Avenue**
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1954799** ☐ 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

9. Name and Address of Current Registered Agent

GOLDSMITH, ESQ, KAREN LEE
GOLDSMITH & GROUT
2709 W FAIRBANKS AVE
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **1420 Gene Street**
83
84 City: **Winter Park** **FL** 85 Zip Code: **32790**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	D	TITLE	XX ☐ Change ☐ Add/Delete
NAME	ROSEN, JACK	NAME	
STREET ADDRESS	~~900 SYLVAN AVE.~~	STREET ADDRESS	910 Sylvan Avenue
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	CITY-ST-ZIP	
TITLE	PD	TITLE	XX ☐ Change ☐ Add/Delete
NAME	INGBERMAN, ISRAEL	NAME	
STREET ADDRESS	~~900 SYLVAN AVE.~~	STREET ADDRESS	910 Sylvan Avenue
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	CITY-ST-ZIP	
TITLE	VSTD	TITLE	XX ☐ Change ☐ Add/Delete
NAME	ROSEN, JOSEPH	NAME	
STREET ADDRESS	~~900 SYLVAN AVE.~~	STREET ADDRESS	910 Sylvan Avenue
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	CITY-ST-ZIP	
TITLE	VAS	TITLE	XX ☐ Change ☐ Add/Delete
NAME	GEIZHALS, BENJAMIN	NAME	
STREET ADDRESS	~~900 SYLVAN AVE.~~	STREET ADDRESS	910 Sylvan Avenue
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Add/Delete
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Add/Delete
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further I 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 1, 2 or Block 13 if changed or added to this report.

SIGNATURE: [signature] **Vice President** 2/21/95 **201-567-4600**

SIGNATURE AND TITLE OR PRINTED NAME OF BISHOP OFFICER OR DIRECTOR
Benjamin Geizhals

0000763 CP