

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **639698**

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



Principal Place of Business <b>% CONTINENTAL HEALTH AFFILIATES, INC. 910 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632 US</b>	Mailing Address <b>% CONTINENTAL HEALTH AFFILIATES, INC. 910 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632-3301 US</b>
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3. Date Incorporated or Qualified <b>10/15/1979</b>	3a. Date of Last Report <b>04/02/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-1954799</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDSMITH, KAREN L ESQ.  
1420 GENE STREET  
1420 GENE STREET  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>Goldsmith &amp; Grout</b>	83 <b>385 West Fairbanks Avenue</b>	84 City <b>FL</b>	85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, JACK</b>	1.2 NAME	
STREET ADDRESS	<b>910 SYLVAN AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CLIFFS NJ 07362</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGBERMAN, ISRAEL</b>	2.2 NAME	
STREET ADDRESS	<b>910 SYLVAN AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CLIFFS NJ 07362</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VSTD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>910 SYLVAN AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD CLIFFS NJ 07362</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VASILE, ANTHONY</b>	4.2 NAME	
STREET ADDRESS	<b>47 SOUTH LIBERTY DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STONE POINT NY 10980</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VAS</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Benjamin Geizhals</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>910 Sylvan Avenue</b>
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 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

**Benjamin Geizhals, VP, Asst Secy**

**201-567-4600**

CR2E034 (9/96)