

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

FILED

May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 639698 (0)  
1. Corporation Name  
P. V. M. ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
% CONTINENTAL HEALTH AFFILIATES, INC.  
910 SYLVAN AVENUE  
ENGLEWOOD CLIFFS NJ 07632  
US

3. Date Incorporated or Qualified  
10/15/1979

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1954799	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSMITH, KAREN L ESQ.  
GOLDSMITH & GROUT  
385 WEST FAIRBANKS AVE  
WINTER PARK FL 32789

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	DE	1.1 TITLE	Change Addition
NAME	ROSEN, JACK	1.2 NAME	
STREET ADDRESS	910 SYLVAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07362	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	Change Addition
NAME	INGBERMAN, ISRAEL	2.2 NAME	
STREET ADDRESS	910 SYLVAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07362	2.4 CITY-ST-ZIP	
TITLE	VSTD	3.1 TITLE	Change Addition
NAME	ROSEN, JOSEPH	3.2 NAME	
STREET ADDRESS	910 SYLVAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07362	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Change Addition
NAME	VASILE, ANTHONY	4.2 NAME	
STREET ADDRESS	47 SOUTH LIBERTY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STONE POINT NY 10980	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	Change Addition
NAME	GEIZHALS, BENJAMIN	5.2 NAME	
STREET ADDRESS	910 SYLVAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENGELWOOD CLIFFS NJ	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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

CR2E034 (10/97)