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 14 PM 2:34

DOCUMENT # F93000004365 (3)

1. Corporation Name
CONTINENTAL HEALTHCARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
% TBG SERVICES INC. 565 FIFTH AVENUE, 17TH FLOOR NEW YORK NY 10017-2413	% TBG SERVICES INC. 565 FIFTH AVENUE, 17TH FLOOR NEW YORK NY 10017-2413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1993	02/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number 13-3395416 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	TIMBERS, MICHAEL J	12 NAME	
STREET ADDRESS	15 INVERNESS WAY EAST	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80150	14 CITY-ST-ZIP	
TITLE	CEOD	21 TITLE	☐ Change ☐ Addition
NAME	MEYER, L. CHRISTOPHER	22 NAME	
STREET ADDRESS	15 INVERNESS WAY EAST	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80150	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	CRABTREE, MICHAEL	32 NAME	President James Hoffauer
STREET ADDRESS	7300 WEST 110TH STREET	33 STREET ADDRESS	7300 West 110th Street
CITY-ST-ZIP	OVERLAND PARK KS 66210	34 CITY-ST-ZIP	Overland Park, KS 66210
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	LEVINE, ROBERT V	42 NAME	Robert B. Levine
STREET ADDRESS	1211 AVE OF THE AMERICAS	43 STREET ADDRESS	565 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY 10036	44 CITY-ST-ZIP	New York, NY 10017
TITLE	AS	51 TITLE	☒ Change ☐ Addition
NAME	GREEN, STEPHEN	52 NAME	Stephen Green
STREET ADDRESS	1211 AVE OF THE AMERICAS	53 STREET ADDRESS	565 Fifth Ave
CITY-ST-ZIP	NEW YORK NY 10036	54 CITY-ST-ZIP	New York, NY 10017
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	BUTLER, RICHARD J	62 NAME	Richard J. Cutler
STREET ADDRESS	1211 AVE OF THE AMERICAS	63 STREET ADDRESS	565 Fifth Ave
CITY-ST-ZIP	NEW YORK NY 10036	64 CITY-ST-ZIP	New York, NY 10017

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an alphabetical designation.

SIGNATURE: Robert B. Levine ROBERT B. LEVINE VICE-PRESIDENT 1/11/95 212-850-8500

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0305886 FP