

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

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 607.1506, 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 of Registered Agent (if not the registered agent, then the agent's name)

Notice: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
CD	TIMBERS, MICHAEL J	15 INVERNESS WAY EAST	ENGLEWOOD CO 80150	<input type="checkbox"/>
SECO	MEYER, L. CHRISTOPHER	15 INVERNESS WAY EAST	ENGLEWOOD CO 80150	<input type="checkbox"/>
P	HOFBAUER, JAMES	7300 WEST 110TH STREET	OVERLAND PARK KS	<input type="checkbox"/>
V	LEVINE, ROBERT V	565 FIFTH AVENUE	NEW YORK NY	<input type="checkbox"/>
AS	GREEN, STEPHEN	565 FIFTH AVE.	NEW YORK NY	<input type="checkbox"/>
D	CUTLER, RICHARD J.	565 FIFTH AVE	NEW YORK NY	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

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)(k), 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 a signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT B. LEVINE  
VICE-PRESIDENT

Date

1/16/96

Daytime Phone #

212-850-8500

CR2E034 (12/95)