


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

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F93000004365 (3)</b> 1. Corporation Name <b>CONTINENTAL HEALTHCARE SYSTEMS, INC.</b>			
Principal Place of Business <b>% TBG SERVICES INC. 565 FIFTH AVENUE, 17TH FLOOR NEW YORK NY 10017-2413</b>		Mailing Address <b>% TBG SERVICES INC. 565 FIFTH AVENUE, 17TH FLOOR NEW YORK NY 10017-2424</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified <b>09/27/1993</b>		3a. Date of Last Report <b>02/05/1996</b>	
4. FEI Number <b>13-3395416</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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	TIMBERS, MICHAEL J		
STREET ADDRESS	15 INVERNESS WAY EAST		
CITY-ST-ZIP	ENGLEWOOD CO 80150		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MEYER, L. CHRISTOPHER		
STREET ADDRESS	15 INVERNESS WAY EAST		
CITY-ST-ZIP	ENGLEWOOD CO		
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE	
NAME	HOFBAUER, JAMES		
STREET ADDRESS	7300 WEST 110TH STREET		
CITY-ST-ZIP	OVERLAND PARK KS		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	LEVINE, ROBERT V		
STREET ADDRESS	565 FIFTH AVENUE		
CITY-ST-ZIP	NEW YORK NY		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	GREEN, STEPHEN		
STREET ADDRESS	565 FIFTH AVE.		
CITY-ST-ZIP	NEW YORK NY		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	CUTLER, RICHARD J.		
STREET ADDRESS	565 FIFTH AVE		
CITY-ST-ZIP	NEW YORK NY		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
3.2 NAME	Edward Michael Forgaoh		
3.3 STREET ADDRESS	7300 West 110th Street		
3.4 CITY-ST-ZIP	Overland Park, KS		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
5.2 NAME	AS/D		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
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: <i>Robert B. Levine</i>		ROBERT B. LEVINE VICE-PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/8/97</b> Daytime Phone # <b>212-850-8500</b>	

CR2E034 (9/96)