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 # P19687

1. Corporation Name

TRANSWORLD NURSES, INC.

Principal Place of Business
4900 Route 33, Suite 100
Wall, NJ 07753-6804

Mailing Address
4900 Route 33, Suite 100
Wall, NJ 07753-6804

3. Date Incorporated or Qualified: 01/17/1988
3a. Date of Last Report: 4/21/95

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

4. FEI Number: 22-2853420 — 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

Corporation Information Services, Inc.
1201 Hayes Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Raymond, Joseph J.	1.2 NAME	
STREET ADDRESS	200 Schulz Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Red Bank, NJ 07701	1.4 CITY-ST-ZIP	
TITLE	COO/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Robert W. Fine	2.2 NAME	
STREET ADDRESS	200 Schulz Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Red Bank, NJ 07701	2.4 CITY-ST-ZIP	
TITLE	CFO/D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Wayne A. Palladino	3.2 NAME	
STREET ADDRESS	11 Skyline Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hawthorne, NY 10532-2119	3.4 CITY-ST-ZIP	
TITLE	S/D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Leslie J. Levinson	4.2 NAME	
STREET ADDRESS	805 3rd Avenue, 20th Floor	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10022	4.4 CITY-ST-ZIP	000001826050 -05/17/96--01016--016 ***233.75
TITLE	P/D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Buhrman, Kevin M.	5.2 NAME	
STREET ADDRESS	4900 Route 33, Suite 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	Wall, NJ 07753-6804	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 an address.

SIGNATURE: _____ 5/6/96 (908)938-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kevin M. Buhrman, President