

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P19687** (3)
1. Corporation Name
TRANSWORLD NURSES, INC.



Principal Place of Business Mailing Address
4900 ROUTE 33 STE. 100
WALL NJ 07753

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

3. Date Incorporated or Qualified **06/17/1988** 3a. Date of Last Report **04/21/1995**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 607.1503, 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 or director (delete as applicable) (Printed Registered Agent Separate enclosed when relevant) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND, JOSEPH J.	1.2 NAME	
STREET ADDRESS	200 SCHULZ DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	RED BANK NJ	1.4 CITY- ST- ZIP	
TITLE	COO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, ROBERT W	2.2 NAME	
STREET ADDRESS	200 SCHULZ DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	RED BANK NJ	2.4 CITY- ST- ZIP	
TITLE	CFOD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLADINO, WAYNE A	3.2 NAME	
STREET ADDRESS	11 SKYLINE DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	HAWTHORNE NY	3.4 CITY- ST- ZIP	
TITLE	SO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, LESLIE J	4.2 NAME	
STREET ADDRESS	805 3RD AVENUE, 20TH FLOOR	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NE	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 an address.

SIGNATURE:

Wayne Palladino WAYNE PALLADINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

914-345-8880
Daytime Phone #

CR2E034 (12/95)