

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P19687 (3)
1. Corporation Name
TRANSWORLD HOME HEALTHCARE - NURSING DIVISION, I
NC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/17/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-2853420	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ACCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINE, ROBERT W	1.2 NAME	Aitken, Timothy
STREET ADDRESS	75 TERMINAL AVENUE	1.3 STREET ADDRESS	555 Madison Ave., 30th Floor
CITY-ST-ZIP	CLARK NJ	1.4 CITY-ST-ZIP	New York, NY 10022-7940
TITLE	CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLADINO, WAYNE A	2.2 NAME	
STREET ADDRESS	11 SKYLINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NY 10532-2119	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINSON, LESLIE J	3.2 NAME	Greg Marsella
STREET ADDRESS	805 3RD AVENUE, 20TH FLOOR	3.3 STREET ADDRESS	555 Madison Ave., 30th Floor
CITY-ST-ZIP	NEW YORK NE 10022	3.4 CITY-ST-ZIP	New York, NY 10022-7940
TITLE	PO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHRMAN, KEVIN M.	4.2 NAME	
STREET ADDRESS	4900 ROUTE 33, SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	WALL NJ 07753-8804	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 Kevin M. Buhrman 03/11/98 (732) 938-5550

CR2E034 (10/97)