


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90072 044 \*\*\*150.00

<b>DOCUMENT # P19687</b> 1. Entity Name <b>TRANSWORLD HOME HEALTHCARE - NURSING DIVISION, INC.</b>	
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Principal Place of Business <b>555 MADISON AVENUE 30TH FLOOR NEW YORK, NY 10022</b>	Mailing Address <b>555 MADISON AVENUE 30TH FLOOR NEW YORK, NY 10022</b>
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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-2853420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EAMES, SARAH L 555 MADISON AVE., 30TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ABBASSI, MARVET 555 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C AITKEN, TIMOTHY 555 MADISON AVE., 30TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: marvet Abbassi 1/4/06 212-750-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #