


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90004 004 \*\*\*150.00

<b>DOCUMENT # P19687</b> 1. Entity Name <b>TRANSWORLD HOME HEALTHCARE - NURSING DIVISION, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box # <b>245 Park Avenue</b>		3. Mailing Address <b>245 Park Avenue</b>			
Suite, Apt. #, etc. <b>39th Floor</b>		Suite, Apt. #, etc. <b>39th Floor</b>			
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>			
Zip <b>10167</b>		Country <b>USA</b>		4. FEI Number <b>22-2853420</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP EAMES, SARAH L 555 MADISON AVE., 30TH FLOOR NEW YORK, NY 10022</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>245 Park Avenue, 39th Floor New York, NY 10167</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ABBASSI, MARVET 555 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10022</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>245 Park Avenue, 39th Floor New York, NY 10167</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C AITKEN, TIMOTHY 555 MADISON AVE., 30TH FLOOR NEW YORK, NY 10022</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>245 Park Avenue, 39th Floor New York, NY 10167</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Manet Abbassi</i></b>			<b>2/22/07</b>		<b>212-750-0064</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #