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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005400 (5)

1. Corporation Name

GENESIS ELDERCARE STAFFING SERVICES, INC.

Principal Place of Business
148 WEST STATE STREET
KENNETT SQUARE PA 19348

Mailing Address
148 WEST STATE STREET
KENNETT SQUARE PA 19348-3050



3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report
02/01/1996

4. FEI Number
23-2739597

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME WALKER, MICHAEL R
STREET ADDRESS 148 WEST STATE STREET
CITY-ST-ZIP KENNETT SQUARE PA

☐ DELETE

TITLE D
NAME HOWARD, RICHARD R
STREET ADDRESS 148 WEST STATE STREET
CITY-ST-ZIP KENNETT SQUARE PA

☐ DELETE

TITLE P
NAME DUNCAN, CORRINE A
STREET ADDRESS 540 MEADOW ST. EXTENSION, 2ND FL.
CITY-ST-ZIP AGAWAM MA 01001

☐ DELETE

TITLE VCFO
NAME HAGER, GEORGE V JR.
STREET ADDRESS 148 WEST STATE STREET
CITY-ST-ZIP KENNETT SQUARE PA 19348

☐ DELETE

TITLE T
NAME KUHNLE, KENNETH K
STREET ADDRESS 148 WEST STATE STREET
CITY-ST-ZIP KENNETT SQUARE PA

☐ DELETE

TITLE S
NAME GUBERNICK, IRA C
STREET ADDRESS 148 WEST STATE STREET
CITY-ST-ZIP KENNETT SQUARE PA 19348

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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:

Greg V. Hager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

610-444-6350

CR2E034 (9/96)