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FILED
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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-2739597	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
		FL	B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MICHAEL R	1.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RICHARD R	2.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, CORRINE A	3.2 NAME	
STREET ADDRESS	540 MEADOW ST. EXTENSION, 2ND FL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AGAWAM MA 01001	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, GEORGE V JR.	4.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNLE, KENNETH K	5.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBERNICK, IRA C	6.2 NAME	
STREET ADDRESS	148 WEST STATE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	6.4 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: *Ira C Gubernick* **1/17/97** **610-444-6350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)