

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1995	
21	26	4. FEI Number 23-2739597		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	29		30	
Zip	Country	Zip	Country		
24	25				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, CORRINE A	3.2 NAME	Vice President
STREET ADDRESS	540 MEADOW ST. EXTENSION, 2ND FL.	3.3 STREET ADDRESS	James V. McKeon
CITY-ST-ZIP	AGAWAM MA 01001	3.4 CITY-ST-ZIP	148 W. State St. Kennett Square PA 19348
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	GUERNICK, 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 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: *[Signature]* **REQUIRED** 3/27/98 610-444-6350

CR2E034 (10/97)