

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC

☐ DELETE

NAME

**WALKER, MICHAEL R
148 WEST STATE STREET
KENNETT SQUARE PA**

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**HOWARD, RICHARD R
148 WEST STATE STREET
KENNETT SQUARE PA**

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

☒ DELETE

NAME

**DUNCAN, CORRINE A
540 MEADOW ST. EXTENSION, 2ND FL.
AGAWAM MA 01001**

STREET ADDRESS

CITY-ST-ZIP

TITLE

VCFO

☐ DELETE

NAME

**HAGER, GEORGE V JR.
148 WEST STATE STREET
KENNETT SQUARE PA 19348**

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

☐ DELETE

NAME

**KUHNLE, KENNETH K
148 WEST STATE STREET
KENNETT SQUARE PA**

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

☐ DELETE

NAME

**GUERNICK, IRA C
148 WEST STATE STREET
KENNETT SQUARE PA 19348**

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Vice President
James V. McKeon
148 W. State St.
Kennett Square PA 19348**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

James V. McKeon

3/27/98

610-444-6350

CR2E034 (10/97)