

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90043 009 \*\*\*158.75

DOCUMENT # 850173

1. Corporation Name

GENESIS ELDERCARE NETWORK SERVICES, INC.

Principal Place of Business

148 W. STATE ST.  
STE. 100  
KENNETT SQUARE PA 19348  
US

Mailing Address

148 W. STATE ST.  
STE. 100  
KENNETT SQUARE PA 19348  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1981

4. FEI Number

23-2107987

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 101 East State Street

Suite, Apt. #, etc.

22 City & State

23 Kennett Square, PA

Zip

19348

Country

25 USA

2a. Mailing Address

26 101 East State Street

Suite, Apt. #, etc.

27 City & State

28 Kennett Square, PA

Zip

19348

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME RICHARD R HOWARD  
STREET ADDRESS 148 W STATE ST  
CITY-ST-ZIP KENNETT SQUARE PA 19348

TITLE CFO ☐ DELETE  
NAME HAGER, GEORGE V.  
STREET ADDRESS 148 W STATE STREET  
CITY-ST-ZIP KENNETT SQUARE PA

TITLE S ☐ DELETE  
NAME IRA C GUBERNICK  
STREET ADDRESS 148 W STATE ST  
CITY-ST-ZIP KENNETT SQUARE PA

TITLE T ☒ DELETE  
NAME KUHNLE, KENNETH K  
STREET ADDRESS 19 CARRIAGE DR  
CITY-ST-ZIP DOWNINGTOWN PA

TITLE VP ☐ DELETE  
NAME JAMES V MCKEON  
STREET ADDRESS 148 W STATE ST  
CITY-ST-ZIP KENNETT SQUARE PA 19348

TITLE ☐ DELETE  
NAME  
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 101 East State Street  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 101 East State Street  
2.4 CITY-ST-ZIP Kennett Square, PA 19348

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 101 East State Street  
3.4 CITY-ST-ZIP Kennett Square, PA 19348

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Treasurer  
4.3 STREET ADDRESS Barbara J. Hauswald  
4.4 CITY-ST-ZIP 101 East State Street  
Kennett Square, PA 19348

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 101 East State Street  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)