

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

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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 90037 031 \*\*\*158.75

DOCUMENT # F95000005400

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 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 Kennett Square, PA Zip 19348 Country USA

2a. Mailing Address 26 101 East State Street Suite, Apt. #, etc. 27 City & State Kennett Square, PA Zip 19348 Country USA

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC <input type="checkbox"/> DELETE	NAME WALKER, MICHAEL R	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
STREET ADDRESS 148 WEST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA	1.3 STREET ADDRESS 101 East State Street	1.4 CITY-ST-ZIP Kennett Square, PA 19348
TITLE D <input type="checkbox"/> DELETE	NAME HOWARD, RICHARD R	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS 148 WEST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA	2.3 STREET ADDRESS 101 East state Street	2.4 CITY-ST-ZIP Kennett Square, PA 19348
TITLE VP <input type="checkbox"/> DELETE	NAME MCKEON, JAMES V.	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS 148 W. STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348	3.3 STREET ADDRESS 101 East state Street	3.4 CITY-ST-ZIP
TITLE VCFO <input type="checkbox"/> DELETE	NAME HAGER, GEORGE V JR.	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS 148 WEST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348	4.3 STREET ADDRESS 101 east State Street	4.4 CITY-ST-ZIP
TITLE T <input checked="" type="checkbox"/> DELETE	NAME KUHNLE, KENNETH K	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS 148 WEST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA	5.3 STREET ADDRESS Treasurer Barbara J. Hauswald	5.4 CITY-ST-ZIP 101 East State Street Kennett Square, PA 19348
TITLE S <input type="checkbox"/> DELETE	NAME GUBERNICK, IRA C	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS 148 WEST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348	6.3 STREET ADDRESS 101 East State Street	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 REQUIRED Date 3/1/99 Daytime Phone # 610-444-6350

CR2E034 (1/1/98)