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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 036 ***158.75

DOCUMENT # F97000002420

1. Corporation Name GENESIS ELDERCARE REHABILITATION MANAGEMENT SERVICES, INC.



Principal Place of Business 148 W STATE STREET KENNETT SQUARE PA 19348 Mailing Address 148 W STATE STREET KENNETT SQUARE PA 19348

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 East State Street 22 Suite, Apt. #, etc. 23 City & State Kennett Square, PA 24 Zip 19348 25 Country USA 2a. Mailing Address 26 101 East State Street 27 Suite, Apt. #, etc. 28 City & State Kennett Square, PA 29 Zip 19348 30 Country USA

3. Date Incorporated or Qualified 05/06/1997 4. FEI Number 23-1855936 Applied For Not Applicable 5. Certificate of Status Desired [X] \$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 [X] No

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 [] DELETE [] DELETE [] DELETE [X] DELETE [] DELETE [] DELETE

TITLE	C	NAME	WALKER, MICHAEL R
STREET ADDRESS	148 W STATE STREET	CITY-ST-ZIP	KENNETT SQUARE PA
TITLE	PD	NAME	HOWARD, RICHARD R
STREET ADDRESS	148 W STATE STREET	CITY-ST-ZIP	KENNETT SQUARE PA
TITLE	S	NAME	GUBERNICK, IRA C
STREET ADDRESS	148 W STATE STREET	CITY-ST-ZIP	KENNETT SQUARE PA
TITLE	T	NAME	KUHNLE, KENNETH R
STREET ADDRESS	148 W STATE STREET	CITY-ST-ZIP	KENNETT SQUARE PA
TITLE	V	NAME	HAGER, GEORGE V
STREET ADDRESS	148 W STATE STREET	CITY-ST-ZIP	KENNETT SQUARE PA
TITLE	V	NAME	BARR, DAVID C
STREET ADDRESS	148 W STATE STREET	CITY-ST-ZIP	KENNETT SQUARE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [X] Change [] Addition [X] Change [] Addition [X] Change [] Addition [] Change [X] Addition [X] Change [] Addition [X] Change [] Addition

1.1 TITLE	[X] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	101 East State Street
1.4 CITY-ST-ZIP	
2.1 TITLE	[X] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	101 East State Street
2.4 CITY-ST-ZIP	
3.1 TITLE	[X] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	101 East State Street
3.4 CITY-ST-ZIP	
4.1 TITLE	[] Change [X] 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	[X] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	101 East State Street
5.4 CITY-ST-ZIP	
6.1 TITLE	[X] Change [] Addition
6.2 NAME	
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: SKINFLOR REQUIRED Date: 3/1/99 Daytime Phone #: 610-444-6350

CR2E034 (11/98)