

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002420

1. Entity Name

GENESIS ELDERCARE REHABILITATION MANAGEMENT SERV

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90088 019 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 101 EAST STATE STREET KENNETT SQUARE PA 19348 US	Mailing Address 101 EAST STATE STREET KENNETT SQUARE PA 19348-3109 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 23-1855936	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MICHAEL R	NAME	
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RICHARD R	NAME	
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBERNICK, IRA C	NAME	
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSWALD, BARBARA J	NAME	
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, GEORGE V	NAME	
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, DAVID C	NAME	
STREET ADDRESS	101 EAST STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James V. McKeon 2/15/00 (60) 444-6350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)