# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 26, 2001 8:00 am**
**Secretary of State**
03-26-2001 90009 022 ***158.75

DOCUMENT # F97000002420

1. Entity Name
GENESIS ELDERCARE REHABILITATION MANAGEMENT SERV

Principal Place of Business
101 EAST STATE STREET
KENNETT SQUARE PA 19348
US

Mailing Address
101 EAST STATE STREET
KENNETT SQUARE PA 19348
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1855936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2001 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**

| | | |
|---|---|---|
| TITLE | C | ☐ Delete |
| NAME | WALKER, MICHAEL R | |
| STREET ADDRESS | 101 EAST STATE STREET | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | PD | ☐ Delete |
| NAME | HOWARD, RICHARD R | |
| STREET ADDRESS | 101 EAST STATE STREET | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | S | ☒ Delete |
| NAME | GUBERNICK, IRA C | |
| STREET ADDRESS | 101 EAST STATE STREET | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | T | ☐ Delete |
| NAME | HAUSWALD, BARBARA J | |
| STREET ADDRESS | 101 EAST STATE STREET | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | V | ☐ Delete |
| NAME | HAGER, GEORGE V | |
| STREET ADDRESS | 101 EAST STATE STREET | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | V | ☐ Delete |
| NAME | BARR, DAVID C | |
| STREET ADDRESS | 101 EAST STATE STREET | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|---|---|---|
| TITLE | VP/Corp. Controller | ☐ Change ☒ Addition |
| NAME | James V. McKeon | |
| STREET ADDRESS | 101 East State Street | |
| CITY-ST-ZIP | Kennett Square PA 19348 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | ☒ Change ☐ Addition |
| NAME | James J. Wankmiller | |
| STREET ADDRESS | 101 E. State Street | |
| CITY-ST-ZIP | Kennett Square PA 19348 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:** [signature] James V. McKeon 1-10-01 610-444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)