

# 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 <b>101 EAST STATE STREET          KENNETT SQUARE PA 19348          US</b>	Mailing Address <b>101 EAST STATE STREET          KENNETT SQUARE PA 19348          US</b>
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DO NOT WRITE IN THIS SPACE

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

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, MICHAEL R</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE	<b>VP/Corp. Controller</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James V. McKeon</b>	
STREET ADDRESS	<b>101 East State Street</b>	
CITY-ST-ZIP	<b>Kennett Square PA 19348</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, RICHARD R</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUBERNICK, IRA C</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James J. Wann Miller</b>	
STREET ADDRESS	<b>101 E. State Street</b>	
CITY-ST-ZIP	<b>Kennett Square PA 19348</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HAUSWALD, BARBARA J</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HAGER, GEORGE V</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BARR, DAVID C</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *JVM* **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)