

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90186 014 ***150.00

DOCUMENT # **F97000002420**



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

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

Mailing Address
**101 EAST STATE STREET
KENNETT SQUARE PA 19348
US**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	WALKER, MICHAEL R	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, RICHARD R	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARKMILLER, JAMES J	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAUSWALD, BARBARA J	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAGER, GEORGE V	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARR, DAVID C	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

TITLE	C/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT FISH	
STREET ADDRESS	101 EAST STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBORAH SOUTAR	
STREET ADDRESS	101 EAST STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/DICFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE HAGER	
STREET ADDRESS	101 EAST STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN SCHUEFTAN	
STREET ADDRESS	101 EAST STATE ST.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Schueftan **NORMAN SCHUEFTAN** 1/17/03 610-444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)