

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005232

Entity Name: GENESIS ELDERCARE REHABILITATION SERVICES, LLC**Current Principal Place of Business:**101 E. STATE ST.
KENNETT SQUARE, PA 19348**Current Mailing Address:**101 E. STATE ST.
KENNETT SQUARE, PA 19348 US**FEI Number:** 23-2446104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MBR
Name	BERG, MICHAEL T
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	MBR
Name	HIRSCHFELD, DANIEL
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	MBR
Name	SHERMAN, MICHAEL
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

Title	AUTHORIZED MEMBER
Name	EDWARDS, RICHARD
Address	101 E. STATE ST.
City-State-Zip:	KENNETT SQUARE PA 19348

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S SHERMAN

MEMBER

01/02/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date