

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 SHERMAN, MICHAEL
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 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