

**2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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 MANAGER
Name GENESIS HOLDINGS LLC
Address 101 E. STATE ST.
City-State-Zip: KENNETT SQUARE PA 19348

Title SVP
Name SHROM, CARL
Address 101 E. STATE ST.
City-State-Zip: KENNETT SQUARE PA 19348

Title AUTHORIZED REPRESENTATIVE
Name SOIKA, LOU ANN
Address 101 E. STATE ST.
City-State-Zip: KENNETT SQUARE PA 19348

Title VP
Name BOGDAN, GREGORY
Address 101 E. STATE ST.
City-State-Zip: KENNETT SQUARE PA 19348

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

Title TREASURER
Name YOUNG, STEVEN
Address 101 E. STATE ST.
City-State-Zip: KENNETT SQUARE PA 19348

Title ASST. SECRETARY
Name BERG, MICHAEL
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 BERG

ASST SECRETARY

07/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date