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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850173** **(6)**

1. Corporation Name
GENESIS ELDERCARE NETWORK SERVICES, INC.

Principal Place of Business	Mailing Address
148 W. STATE ST. **STE. 100** **KENNETT SQUARE PA 19348** **US**	**148 W. STATE ST.** **STE. 100** **KENNETT SQUARE PA 19348-3050** **US**

3. Date Incorporated or Qualified: **08/28/1981**
3a. Date of Last Report: **06/03/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **23-2107987** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SWART, LOUIS		1.2 NAME	
STREET ADDRESS	375 MORRIS ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	W POINT PA		1.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAGER, GEORGE V.		2.2 NAME	
STREET ADDRESS	148 W STATE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETH SQUARE PA		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	IVA C. GUBERNICK		3.2 NAME	
STREET ADDRESS	148 W STATE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	KENNETT SQUARE PA		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KUHNLE, KENNETH K		4.2 NAME	
STREET ADDRESS	19 CARRIAGE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNINGTOWN PA		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/3/97 _____

CR2E034 (9/96)