

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850173

1. Entity Name

GENESIS ELDERCARE NETWORK SERVICES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90088 007 ***158.75

Principal Place of Business

Mailing Address

101 EAST STATE STREET
KENNETT SQUARE PA 19348
US

101 EAST STATE STREET
KENNETT SQUARE PA 19348-3109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2107987

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	RICHARD R HOWARD	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	CFO	☐ Delete
NAME	HAGER, GEORGE V.	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	S	☐ Delete
NAME	IRA C GUBERNICK	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	T	☐ Delete
NAME	KUHNLE, KENNETH K	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	DOWNINGTOWN PA 19348	
TITLE	VP	☐ Delete
NAME	JAMES V MCKEON	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James V. McKeon 2/15/00 (610) 444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)