

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850173

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** GENESIS ELDERCARE NETWORK SERVICES, INC.

**Current Principal Place of Business:**

101 EAST STATE STREET  
KENNETT SQUARE, PA 19348 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 EAST STATE STREET  
KENNETT SQUARE, PA 19348 US

**New Mailing Address:**

**FEI Number:** 23-2107987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CCEO (X) Delete  
Name: FISH, ROBERT  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: CEOV ( ) Delete  
Name: HAGER, GEORGE V.,  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETH SQUARE, PA 19348

Title: S ( ) Delete  
Name: WANKMILLER, JAMES J  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: T ( ) Delete  
Name: HAUSWALD, BARBARA J  
Address: 101 EAST STATE STREET  
City-St-Zip: DOWNINGTOWN, PA 19348

Title: VP ( ) Delete  
Name: JAMES V MCKEON,  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: V ( ) Delete  
Name: SCHUEFTAN, NORMAN  
Address: 101 EAST STATE ST  
City-St-Zip: KENNETT SQUARE, PA 19348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: HAGER, JR., GEORGE V CEO  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETH SQUARE, PA 19348

Title: CFO (X) Change ( ) Addition  
Name: MCKEON, JAMES V CFO  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: S (X) Change ( ) Addition  
Name: COGGINS, EILEEN  
Address: 101 EAST STATE STREET  
City-St-Zip: DOWNINGTOWN, PA 19348

Title: T (X) Change ( ) Addition  
Name: HAUSWALD, BARBARA J T  
Address: 101 EAST STATE STREET  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: VP (X) Change ( ) Addition  
Name: SCHUEFTAN, NORMAN  
Address: 101 EAST STATE ST  
City-St-Zip: KENNETT SQUARE, PA 19348

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SCHUEFTAN

VP

01/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date