


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90215 026 ***150.00

DOCUMENT # F32340 1. Entity Name GENESIS ELDERCARE NATIONAL CENTERS, INC.					
Principal Place of Business 101 E. STATE STREET KENNETT SQUARE, PA 19348 US			Mailing Address 101 E. STATE STREET KENNETT SQUARE, PA 19348 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 16-1165279	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUEFTAN, NORMAN 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC HAGER, JR., GEORGE V 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COGGINS, EILEEN M 101 EAST STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFT MCKEON, JAMES V 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO DIVITTORIO, THOMAS 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached List <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Norman Schueftan</i></u>			<u>4/19/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

ATTACHMENT
40083763

GENESIS HEALTHCARE CORPORATION
Corporations

(Genesis Eldercare National Centers, Inc. - Document: #F32340)

OFFICERS and DIRECTORS

10-01-2006 - 09-30-2007

OFFICERS:

George V. Hager, Jr.
Business Address

Chief Executive Officer
101 East State Street
Kennett Square, PA 19348

James V. McKeon
Business Address

Chief Financial Officer
101 East State Street
Kennett Square, PA 19348

Thomas DiVittorio
Business Address

Chief Accounting Officer
101 East State Street
Kennett Square, PA 19348

Norman Schueftan
Business Address

Vice President, Taxation
101 East State Street
Kennett Square, PA 19348

Eileen M. Coggins
Business Address

Secretary
101 East State Street
Kennett Square, PA 19348

J. Richard Edwards
Business Address

Treasurer
101 East State Street
Kennett Square, PA 19348

DIRECTORS:

George V. Hager, Jr.
Business Address

Chairman of the Board
101 East State Street
Kennett Square, PA 19348

James V. McKeon
Business Address

Director
101 East State Street
Kennett Square, PA 19348

Eileen M. Coggins
Business Address

Director
101 East State Street
Kennett Square, PA 19348