
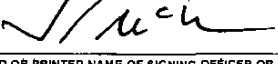


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 017 ***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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				4. FEI Number	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				16-1165279	
				Applied For	
				Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUEFTAN, NORMAN		NAME		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP		
TITLE	CEOC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, JR., GEORGE V		NAME		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGINS, EILEEN M		NAME		
STREET ADDRESS	101 EAST STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP		
TITLE	DCFT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEON, JAMES V		NAME		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP		
TITLE	CAO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVITTORIO, THOMAS		NAME		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		