


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90215 019 \*\*\*150.00

<b>DOCUMENT # F93000005224</b>	
1. Entity Name <b>MERIDIAN HEALTHCARE, INC.</b>	

Principal Place of Business <b>101 EAST STATE STREET KENNETT SQUARE, PA 19348 US</b>	Mailing Address <b>101 EAST STATE STREET KENNETT SQUARE, PA 19348 US</b>
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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

04122007 Chg-P CR2E034 (12/06)

4. FEI Number <b>23-2739581</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	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	CCEO 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	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	DS COGGINS, EILEEN M 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	VP SCHUEFTAN, NORMAN 101 EAST STATE STREET KENNETH 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	<i>See attached LTR</i> <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: *Norman Schueftan* 4/19/07 Date  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT  
40083770

**GENESIS HEALTHCARE CORPORATION**

**Corporations**

(Meridian Healthcare, Inc. - Document: # F93000005224)

**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