


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90215 022 \*\*\*150.00

<b>DOCUMENT # F94000006045</b>	
1. Entity Name GENESIS ELDERCARE REHABILITATION SERVICES, INC.	

Principal Place of Business 101 EAST STATE STREET KENNETT SQUARE, PA 19348 US	Mailing Address 101 EAST STATE STREET KENNETT SQUARE, PA 19348 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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04122007 Chg-P CR2E034 (12/06)

4. FEI Number 23-2446104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO HAGER, JR., GEORGE V CEO 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	DCFT MCKEON, JAMES V CFO 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 VP 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	T 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:** Norman Schueftan 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40083767

**GENESIS HEALTHCARE CORPORATION**

**Corporations**

(Genesis Eldercare Rehabilitation Services, Inc. - Document: # F94000006045)

**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