

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 05 1997 8:00am  
Secretary of State

DOCUMENT # F95000000735 (9)

1. Corporation Name

GENESIS ELDERCARE PHYSICIAN SERVICES, INC.



Principal Place of Business

148 WEST STATE ST.  
KENNETT SQUARE PA 19348

Mailing Address

148 WEST STATE ST.  
KENNETT SQUARE PA 19348-3050

3. Date Incorporated or Qualified  
02/14/1995

3a. Date of Last Report  
02/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

06-1156428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME \*  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
WALKER, MICHAEL R  
148 W STATE ST  
KENNETT SQUARE PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOWARD, RICHARD R  
148 W STATE ST  
KENNETT SQUARE PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCHWEIZER, ROBERT J  
148 W STATE ST  
KENNETT SQUARE PA 19348

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCFO  
HAGER, GEORGE V JR.  
148 W STATE ST  
KENNETT SQUARE PA 19348

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KUHNLE, KENNETH R  
148 WEST STATE STREET  
KENNETT SQUARE PA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GUBERNICK, IRA C  
148 W STATE ST  
KENNETT SQUARE PA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]*

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