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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

3/27/98

610-444-6350

CR2E034 (10/97)