


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90320 001 ***150.00

DOCUMENT # F95000000735 1. Entity Name GENESIS ELDERCARE PHYSICIAN 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 06-1156428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 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	NORMAN SCHUEFTAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCKEON, JAMES V CFO 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / CFO JAMES V. MCKEON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HAGER, JR., GEORGE V CEO 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN / CEO GEORGE V. HAGER, JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUSWALD, BARBARA J T 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF ACCOUNTING OFFICER THOMAS D. VITTORIO 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COGGINS, EILEEN S 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / CFO EILEEN M. COGGINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: <u><i>Norman Schueftan</i></u> VP - NORMAN SCHUEFTAN 4-19-05 (610) 444-6350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

140005ED

GENESIS HEALTHCARE CORPORATION
(Genesis Eldercare Physician Services, Inc. - Document: # F95000000735)
OFFICERS and DIRECTORS
10-01-2004 - 09-30-2005

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

David Almquist
Business Address

President
515 Fairmount Avenue
Towson, MD 21286

Norman Schueftan
Business Address

Vice President
101 East State Street
Kennett Square, PA 19348

Eileen M. Coggins
Business Address

Secretary
101 East State Street
Kennett Square, PA 19348

Thomas DiVittorio
Business Address

Chief Accounting Officer
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