


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 033 ***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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 06-1156428		Applied For <input type="checkbox"/> 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

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	VP SCHUEFTAN, NORMAN 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	CFOD 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, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC 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	CAO VITTORIO, THOMAS B. 101 EAST STATE STREET KENNETT SQUARE PA 19348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVITTORIO, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COGGINS, EILEEN S 101 EAST STATE STREET KENNETT SQUARE PA 19348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COGGINS, EILEEN M <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 exemptions contained in Section 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 V.P. of Tax 3/17/06 (610) 925-4135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60036242

GENESIS HEALTHCARE CORPORATION

(Genesis Eldercare Physician Services, Inc. - Document: # F95000000735)

OFFICERS and DIRECTORS

10-01-2005 - 09-30-2006

OFFICERS:

George V. Hager, Jr.
Business Address

Chief Executive Officer
101 East State Street
Kennett Square, PA 19348

James V. McKeon
Business Address

CFO & Treasurer
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