

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90037 031 \*\*\*158.75

DOCUMENT # F95000005400

1. Corporation Name

GENESIS ELDERCARE STAFFING SERVICES, INC.

Principal Place of Business

148 WEST STATE STREET  
KENNETT SQUARE PA 19348

Mailing Address

148 WEST STATE STREET  
KENNETT SQUARE PA 19348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1995

4. FEI Number

23-2739597

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 101 East State Street

Suite, Apt. #, etc.

22 City & State

23 Kennett Square, PA

Zip

Country

24 19348

25 USA

2a. Mailing Address

26 101 East State Street

Suite, Apt. #, etc.

27 City & State

28 Kennett Square, PA

Zip

Country

29 19348

30 USA

9. Name and Address of Current Registered Agent

C T 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | DC                      | <input type="checkbox"/> DELETE            |
| NAME           | WALKER, MICHAEL R       |  |
| STREET ADDRESS | 148 WEST STATE STREET   |  |
| CITY-ST-ZIP    | KENNETT SQUARE PA       |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | HOWARD, RICHARD R       |  |
| STREET ADDRESS | 148 WEST STATE STREET   |  |
| CITY-ST-ZIP    | KENNETT SQUARE PA       |  |
| TITLE          | VP                      | <input type="checkbox"/> DELETE            |
| NAME           | MCKEON, JAMES V.        |  |
| STREET ADDRESS | 148 W. STATE STREET     |  |
| CITY-ST-ZIP    | KENNETT SQUARE PA 19348 |  |
| TITLE          | VCFO                    | <input type="checkbox"/> DELETE            |
| NAME           | HAGER, GEORGE V JR.     |  |
| STREET ADDRESS | 148 WEST STATE STREET   |  |
| CITY-ST-ZIP    | KENNETT SQUARE PA 19348 |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | KUHNLE, KENNETH K       |  |
| STREET ADDRESS | 148 WEST STATE STREET   |  |
| CITY-ST-ZIP    | KENNETT SQUARE PA       |  |
| TITLE          | S                       | <input type="checkbox"/> DELETE            |
| NAME           | GUBERNICK, IRA C        |  |
| STREET ADDRESS | 148 WEST STATE STREET   |  |
| CITY-ST-ZIP    | KENNETT SQUARE PA 19348 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | 101 East State Street  |
| 1.4 CITY-ST-ZIP    | Kennett Square, PA 19348   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | 101 East State Street  |
| 2.4 CITY-ST-ZIP    | Kennett Square, PA 19348   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | 101 East State Street  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | 101 East State Street  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Treasurer  |
| 5.3 STREET ADDRESS | Barbara J. Hauswald  |
| 5.4 CITY-ST-ZIP    | 101 East State Street  |
| 6.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS | 101 East State Street  |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99 610-444-6350

000812

CR2E034 (1/1/98)