

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 # **F96000003244 (8)**

1. Corporation Name  
**GENESIS ELDERCARE HOME CARE SERVICES, INC.**

Principal Place of Business  
**148 WEST STATE STREET  
KENNETT SQUARE PA 19348**

Mailing Address  
**148 WEST STATE STREET  
KENNETT SQUARE PA 19348-3050**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/26/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>23-1457419</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, MICHAEL R</b>	1.2 NAME	
STREET ADDRESS	<b>148 WEST STATE STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNCAN, CORRINE A</b>	2.2 NAME	
STREET ADDRESS	<b>148 WEST STATE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGER JR, GEORGE V</b>	3.2 NAME	
STREET ADDRESS	<b>148 WEST STATE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHNLE, KENNETH R</b>	4.2 NAME	
STREET ADDRESS	<b>148 WEST STATE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUERNICK, IRA C</b>	5.2 NAME	
STREET ADDRESS	<b>148 WEST STATE STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALEY, MAUREEN G</b>	6.2 NAME	
STREET ADDRESS	<b>148 WEST STATE STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

410-444-6350

CR2E034 (9/96)