


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2005 90321 043 \*\*\*150.00

<b>DOCUMENT # F96000003244</b>	
1. Entity Name <b>GENESIS ELDERCARE HOME CARE SERVICES, INC.</b>	

Principal Place of Business <b>101 EAST STATE STREET KENNETT SQUARE, PA 19348 US</b>	Mailing Address <b>101 EAST STATE STREET KENNETT SQUARE, PA 19348 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04142005 Chg-P CR2E034 (10/03)

4. FEI Number  
**23-1457419**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>

<b>7. Name and Address of New Registered Agent</b>
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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	CEO HAGER, 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 <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. HAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	T HAUSWALD, BARBARA J 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF ACCOUNTING OFFICER THOMAS DI 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 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECY 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: Norman Schueftan VP - NORMAN SCHUEFTAN 4-19-05 (610)444-6350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

14000554

## **GENESIS HEALTHCARE CORPORATION**

(Genesis Eldercare Home Care Services, Inc. - Document: # F96000003244)

### **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