

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90186 026 \*\*\*150.00

**DOCUMENT # F96000003244**



1. Entity Name  
**GENESIS ELDERCARE HOME CARE 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

4. FEI Number **23-1457419**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 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 **CD** ☒ Delete  
NAME **WALKER, MICHAEL R**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE **C/CEO** ☐ Change ☒ Addition  
NAME **ROBERT FISH**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE **VP** ☐ Delete  
NAME **MCKEON, JAMES V**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **HAGER JR, GEORGE V**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE **CFO/VP** ☒ Change ☐ Addition  
NAME **GEORGE HAGER**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE, PA 19348**

TITLE **T** ☐ Delete  
NAME **HAUSWALD, BARBARA J**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WANKMILLER, JAMES J**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☒ Delete  
NAME **HOWARD, RICHARD R**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

TITLE **V** ☐ Change ☒ Addition  
NAME **NORMAN SCHUEFTAN**  
STREET ADDRESS **101 EAST STATE STREET**  
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NORMAN SCHUEFTAN**

**1/17/03 610-444-6350**

Date

Daytime Phone #

CR2E034 (10/02)