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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90037 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004283

1. Corporation Name
GENESIS HEALTH VENTURES, INC.



Principal Place of Business 148 W STATE STREET KENNETT SQUARE PA 19348	Mailing Address 148 W STATE STREET KENNETT SQUARE PA 19348
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 101 East State Street	26 101 East State Street			08/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				06-1132947	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Kennett Square, PA		28 Kennett Square PA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 19348 25 USA		29 19348 30 USA			
Zip		Country			

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WALKER, MICHAEL R	
STREET ADDRESS	148 W STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWARD, RICHARD R	
STREET ADDRESS	148 W STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	KUHNLE, KENNETH R	
STREET ADDRESS	148 W STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARR, DAVID C	
STREET ADDRESS	148 W STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAGER, GEORGE V	
STREET ADDRESS	148 W 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	

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	
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	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP/Treasurer
3.3 STREET ADDRESS	Barbara J. Hauswald
3.4 CITY-ST-ZIP	101 East State Street
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	101 East State Street
5.4 CITY-ST-ZIP	
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: S. M. K. [Signature] DATE: 3/10/99 DAYTIME PHONE #: 610-444-6350

CR2E034 (1/1/98)