

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90009 014 \*\*\*158.75

**DOCUMENT # F96000004283**

1. Entity Name  
**GENESIS HEALTH VENTURES, 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 **06-1132947**

Applied For  
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, MICHAEL R</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, RICHARD R</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>HAUSWALD, BARBARA J</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BARR, DAVID C</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HAGER, GEORGE V</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MCKEON, JAMES V.</b>	
STREET ADDRESS	<b>101 EAST STATE STREET</b>	
CITY-ST-ZIP	<b>KENNETT SQUARE PA 19348</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James V. McKeon **James V. McKeon** 1-10-01 610 444-6350  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)