

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002420 (4)

1. Corporation Name

GENESIS ELDERCARE REHABILITATION MANAGEMENT SERVICES, INC.

Principal Place of Business

148 W STATE STREET
KENNETT SQUARE PA 19348

Mailing Address

148 W STATE STREET
KENNETT SQUARE PA 19348

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/06/1997	23-1855936	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	7. This corporation owes or has paid the current year Intangible	Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30	

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

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	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
C	2.1 TITLE
WALKER, MICHAEL R	2.2 NAME
148 W STATE STREET	2.3 STREET ADDRESS
KENNETT SQUARE PA	2.4 CITY-ST-ZIP
PD	3.1 TITLE
HOWARD, RICHARD R	3.2 NAME
148 W STATE STREET	3.3 STREET ADDRESS
KENNETT SQUARE PA	3.4 CITY-ST-ZIP
S	4.1 TITLE
GUBERNICK, IRA C	4.2 NAME
148 W STATE STREET	4.3 STREET ADDRESS
KENNETT SQUARE PA	4.4 CITY-ST-ZIP
T	5.1 TITLE
KUHNLE, KENNETH R	5.2 NAME
148 W STATE STREET	5.3 STREET ADDRESS
KENNETT SQUARE PA	5.4 CITY-ST-ZIP
V	6.1 TITLE
HAGER, GEORGE V	6.2 NAME
148 W STATE STREET	6.3 STREET ADDRESS
KENNETT SQUARE PA	6.4 CITY-ST-ZIP
V	
BARR, DAVID C	
148 W STATE STREET	
KENNETT SQUARE PA	

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.

SIGNATURE:

[Signature]

3/27/98

610-444-6350

CR2E034 (10/97)