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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State
03-14-1999 90037 036 ***158.75

000813

DOCUMENT # F97000002420

1. Corporation Name
GENESIS ELDERCARE REHABILITATION MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
148 W STATE STREET KENNETT SQUARE PA 19348	148 W STATE STREET KENNETT SQUARE PA 19348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/06/1997

2. Principal Place of Business	2a. Mailing Address
21 101 East State Street	26 101 East State Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Kennett Square, PA	City & State 28 Kennett Square PA
Zip 24 19348 Country 25 USA	Zip 29 19348 Country 30 USA

4. FEI Number: 23-1855936 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WALKER, MICHAEL R		1.2 NAME		
STREET ADDRESS	148 W STATE STREET		1.3 STREET ADDRESS	101 East State Street	
CITY-ST-ZIP	KENNETT SQUARE PA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HOWARD, RICHARD R		2.2 NAME		
STREET ADDRESS	148 W STATE STREET		2.3 STREET ADDRESS	101 East State Street	
CITY-ST-ZIP	KENNETT SQUARE PA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GUBERNICK, IRA C		3.2 NAME		
STREET ADDRESS	148 W STATE STREET		3.3 STREET ADDRESS	101 East State Street	
CITY-ST-ZIP	KENNETT SQUARE PA		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	KUHNLE, KENNETH R		4.2 NAME	Barbara J. Hauswald	
STREET ADDRESS	148 W STATE STREET		4.3 STREET ADDRESS	101 East State Street	
CITY-ST-ZIP	KENNETT SQUARE PA		4.4 CITY-ST-ZIP	Kennett Square, PA 19348	
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HAGER, GEORGE V		5.2 NAME		
STREET ADDRESS	148 W STATE STREET		5.3 STREET ADDRESS	101 East State Street	
CITY-ST-ZIP	KENNETT SQUARE PA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	BARR, DAVID C		6.2 NAME		
STREET ADDRESS	148 W STATE STREET		6.3 STREET ADDRESS	101 East State Street	
CITY-ST-ZIP	KENNETT SQUARE PA		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 SIGNATURE REQUIRED 3/1/99 610-444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #