F97000002420

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Genesis Eldercare Rehabilitation Management Services, Inc.
(Name of corporation)
DOCKE ATINE NICE ADD E 07000000400
DOCUMENT NUMBER: F 97000002420
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this
matter to the following:
Mr. Norman Schueftan, V. P.
(Name of Person)
Genesis HealthCare Corporation
(Firm/Company)
(
101 East State Street
(Address)
Kennett Square, PA 19348
(City/State and Zip code)
For further information concerning this matter, please call:
Frank Duganat (610) 925-4135
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS.
STREET ADDRESS: Amendment Section MAILING ADDRESS: Amendment Section
Division of Corporations Division of Corporations
409 E. Gaines St. P.O. Box 6327
Tallahassee, FL. 32399 Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

Genesis Eldercare Rehabilitation Management Services, Inc.

F 97000002420		
(Document Number of Corporation (if known)		26
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PA		AM 9: 06
(Incorporated Under Lav	ws of)	- 22 6
(man-panala and and and and and and and and and an		IDA 6
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting to the conduc	g affairs within the State of ct affairs in Florida.	Florida and hereby
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proceedime it was authorized to transact business or conduct affairs in F	ess based on a cause of action	
The following is a current mailing address for the corporation:		
101 East State Street		
(Mailing Address)		
Warrant Commun. DA 10240		
Kennett Square, PA 19348 (City/ State /Zip)	·	
(City, State Lip)		
The corporation agrees to notify the Department of State in the f	luture of any change in its ma	ailing address.
A .		J
Marina Colour The	April 19, 2005	•
(Signature of a director, president or other officer - if in the hands of a	(Date)	·
receiver or other court appointed fiduciary, by that fiduciary)	, ,	
Norman Schueftan	Vice President	
(Typed or printed name of person signing)	(Title of person sig	gning)
	•	 -
FILING FEE \$3	5	