

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-27-2005 90321 041 ***150.00

DOCUMENT # F97000005929					
1. Entity Name RHS MEMBERSHIP INTEREST HOLDING COMPANY					
Principal Place of Business 101 E. STATE STREET KENNETT SQUARE, PA 19348			Mailing Address 101 E. STATE STREET KENNETT SQUARE, PA 19348		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-2877674	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO	NAME HAGER, JR, GEORGE V CEO	<input type="checkbox"/> Delete	TITLE <i>Chairman / CEO</i>	NAME <i>GEORGE V. HAGER, JR</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 E. STATE STREET	CITY - ST - ZIP KENNETT SQUARE, PA 19348		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE CFO	NAME MCKEON, JAMES V CFO	<input type="checkbox"/> Delete	TITLE <i>DIRECTOR / CFO</i>	NAME <i>JAMES V. MCKEON</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 EAST STATE STREET	CITY - ST - ZIP KENNETT SQUARE, PA 19348		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE VP	NAME SCHUEFTAN, NORMAN	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 E. STATE STREET	CITY - ST - ZIP KENNETT SQUARE, PA 19348		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE S	NAME COGGINS, EILEEN	<input type="checkbox"/> Delete	TITLE <i>DIRECTOR / Sec'y</i>	NAME <i>EILEEN M. COGGINS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 E. STATE STREET	CITY - ST - ZIP KENNETT SQUARE, PA 19348		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE T	NAME HAUSWALD, BARBARA J	<input checked="" type="checkbox"/> Delete	TITLE <i>CHIEF ACCOUNTING OFFICER</i>	NAME <i>THOMAS DI VITTORIO</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 101 E. STATE STREET	CITY - ST - ZIP KENNETT SQUARE, PA 19348		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Norman Schueftan</i>			SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR		
VP - NORMAN SCHUEFTAN 4-19-05			(610) 444-6350		

66020590



04112005 Chg-P CR2E034 (10/03)

ATTACHMENT

GENESIS HEALTHCARE CORPORATION

(RHS Membership Interest Holding Company - Document: #F97000005929)

OFFICERS and DIRECTORS

10-01-2004 - 09-30-2005

66020590

OFFICERS:

George V. Hager, Jr.
Business Address

Chief Executive Officer
101 East State Street
Kennett Square, PA 19348

James V. McKeon
Business Address

Chief Financial Officer
101 East State Street
Kennett Square, PA 19348

David Almquist
Business Address

President
515 Fairmount Avenue
Towson, MD 21286

Norman Schueftan
Business Address

Vice President
101 East State Street
Kennett Square, PA 19348

Eileen M. Coggins
Business Address

Secretary
101 East State Street
Kennett Square, PA 19348

Thomas DiVittorio
Business Address

Chief Accounting Officer
101 East State Street
Kennett Square, PA 19348

DIRECTORS:

George V. Hager, Jr.
Business Address

Chairman of the Board
101 East State Street
Kennett Square, PA 19348

James V. McKeon
Business Address

Director
101 East State Street
Kennett Square, PA 19348

Eileen M. Coggins
Business Address

Director
101 East State Street
Kennett Square, PA 19348