

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005930

1. Entity Name

GENESIS ELDERCARE DIAGNOSTIC SERVICES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90088 011 ***158.75

Principal Place of Business

Mailing Address

101 EAST STATE STREET
KENNETT SQUARE PA 19348
US

101 EAST STATE STREET
KENNETT SQUARE PA 19348-3109
US

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

23-2687860

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

Signature typed or printed name of registered agent and title if applicable.

(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, 2000 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	CCEO	<input type="checkbox"/> Delete
NAME	WALKER, MICHAEL R	
STREET ADDRESS	101 E. STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HOWARD, RICHARD R	
STREET ADDRESS	101 E. STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	BARR, DAVID C	
STREET ADDRESS	101 E. STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	HAGER, GEORGE V JR.	
STREET ADDRESS	101 E. STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCAULEY, FRANK	
STREET ADDRESS	101 E. STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VCC	<input type="checkbox"/> Delete
NAME	MCKEON, JAMES V	
STREET ADDRESS	101 E. STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

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

SIG/MCKEON James V-McKeon 2/15/00 (610) 444-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)