


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90371 028 \*\*\*150.00

<b>DOCUMENT # F97000005930</b> 1. Entity Name <b>GENESIS ELDERCARE DIAGNOSTIC SERVICES, INC.</b>					
Principal Place of Business <b>101 EAST STATE STREET KENNETT SQUARE PA 19348 US</b>			Mailing Address <b>101 EAST STATE STREET KENNETT SQUARE PA 19348 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-2687860</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO HAGER, GEORGE V JR 101 E. STATE STREET KENNETT SQUARE PA 19348</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO MCKEON, JAMES V 101 E. STATE STREET KENNETT SQUARE PA 19348</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, CFO, Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS COGGINS, EILEEN M 101 E. STATE STREET KENNETT SQUARE PA 19348</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAO DI VITTENO, THOMAS 101 E. STATE STREET KENNETT SQUARE PA 19348</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIVITTORIO, THOMAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHUEFTAN, NORMAN 101 E. STATE STREET KENNETT SQUARE PA 19348</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.					
<b>SIGNATURE:</b> <i>Norman Schueftan - J.P. of Tax</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/17/06 1610925-4135 Date Daytime Phone #		

ATTACHMENT

60030247

**GENESIS HEALTHCARE CORPORATION**

(Genesis Eldercare Diagnostic Services, Inc. - Document: # F97000005930)

**OFFICERS and DIRECTORS**

10-01-2005 - 09-30-2006

**OFFICERS:**

**George V. Hager, Jr.**  
Business Address

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

**James V. McKeon**  
Business Address

**CFO & Treasurer**  
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