

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90186 016 \*\*\*150.00

**DOCUMENT # F97000005930**

1. Entity Name  
**GENESIS ELDERCARE DIAGNOSTIC SERVICES, INC.**



Principal Place of Business  
**101 EAST STATE STREET  
KENNETT SQUARE PA 19348  
US**

Mailing Address  
**101 EAST STATE STREET  
KENNETT SQUARE PA 19348  
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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 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  
**CCEO  
WALKER, MICHAEL R  
101 E. STATE STREET  
KENNETT SQUARE PA 19348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C CEO  
ROBERT FISH  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HOWARD, RICHARD R  
101 E. STATE STREET  
KENNETT SQUARE PA 19348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RICHARD PULCRAND  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCOO  
BARR, DAVID C  
101 E. STATE STREET  
KENNETT SQUARE PA 19348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**N/S  
JAMES WANKMILLER  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
HAGER, GEORGE V JR.  
101 E. STATE STREET  
KENNETT SQUARE PA 19348** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/CFO/D  
GEORGE HAGER  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FUREY, JOHN FX  
101 E. STATE STREET  
KENNETT SQUARE PA 19348** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
NORMAN SCHUEFTAN  
101 EAST STATE STREET  
KENNETT SQUARE, PA 19348** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCC  
MCKEON, JAMES V  
101 E. STATE STREET  
KENNETT SQUARE PA 19348** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Norman Schueftan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/17/03**

**610.444.6350**

CR2E034 (10/02)