

WARNING: COMPANY WILL BE DEEMED TO BE AFTER MARCH 1, 1995
 COMPANY FOR THE FISCAL YEAR OF INCORPORATION. COMPANY SHOULD FILE TO INCORPORATE 1995

PROFIT CORPORATION ANNUAL REPORT 1995



Sandra B. McPherson
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L11953 (1)
 1. Corporation Name

GENESIS HEALTH-CARE & CONSULTANT SERVICES, INC.

FILED

1995 JUL 25 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
 902 NE 1ST STREET 902 NE 1ST STREET
 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060

3. Date Incorporated or Qualified 08/24/1989 3a. Date of Last Report 02/02/1994

2. Principal Place of Business 2a. Mailing Address
 21 2605 E. Atlantic Blvd 26 2605 E. Atlantic Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0153130 Applied For Not Applicable

22 Suite 214 27 Suite 214

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Pompano Beach, FL 28 Pompano Beach, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33062 25 USA 29 33062 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEHRHORST, GRETCHEN E
 21374 SONESTA WAY
 BOCA RATON FL 33433

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (Type or Print) of Present Name of Registered Agent or Officer or Director (NOTE: Registered Agent Signature Required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PVS
NAME	BEHRHORST, GRETCHEN E.
STREET ADDRESS	21374 SONESTA WAY
CITY, ST, ZIP	BOCA RATON FL
TITLE	D
NAME	BEHRHORST, GRETCHEN E.
STREET ADDRESS	21374 SONESTA WAY
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplied initial fiscal 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 appointed to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment to this report.

SIGNATURE: *Gretchen E. Behrhorst* 7/21/95 305 942-3010
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR Date Officer or Director

CR2E034 (3/95)