

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11953 (1)**
1. Corporation Name
GENESIS HEALTH-CARE & CONSULTANT SERVICES, INC.



Principal Place of Business Mailing Address
**2605 E ATLANTIC BLVD
STE 214
POMPANO BEACH FL 33062
US**

3. Date Incorporated or Qualified **08/24/1989** 3a. Date of Last Report **07/25/1995**

2. Principal Place of Business 2a. Mailing Address
21 21374 SONESTA WAY 26 21374 SONESTA WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0153130** Applied For Not Applicable

22 23 Boca Raton 27 28 Boca Raton
City & State City & State

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

24 33433 25 Palm Beach 29 33433 30 Palm Beach
Zip Country Zip Country

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

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

9. Name and Address of Current Registered Agent
**BEHRHORST, GRETCHEN E
21374 SONESTA WAY
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name **Gretchen Behrhorst**
82 Street Address (P.O. Box Number is Not Acceptable) **21374 SONESTA WAY**
83
84 City **Boca Raton** FL 85 Zip Code **33433**

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 typed or printed name of registered agent, if not applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	BEHRHORST, GRETCHEN E.	
STREET ADDRESS	21374 SONESTA WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEHRHORST, GRETCHEN E.	
STREET ADDRESS	21374 SONESTA WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gretchen E. Behrhorst Gretchen E. Behrhorst 7/26/96 561-488-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time Phone #

CR2E034 (12/95)