


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State


DOCUMENT # L11953

1. Entity Name
GENESIS HEALTH-CARE & CONSULTANT SERVICES, INC.



Principal Place of Business 21374 SONESTA WAY BOCA RATON, FL 33433 US	Mailing Address 21374 SONESTA WAY BOCA RATON, FL 33433 US
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DO NOT WRITE IN THIS SPACE



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0153130	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEIN, HAROLD L
 14482 VIA ROYALE
 DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVS BEHRHORST, GRETCHEN E 21374 SONESTA WAY BOCA RATON, FL 33433
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 07/12/05-80005-014 158.75

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12. 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: Gretchen Behrhorst PVS 7/8/5 561-488-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #