


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 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	

DO NOT WRITE IN THIS SPACE



06022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0153130	Applied For Not Applicable
5. Certificate of Status Desired <input 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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	PVS
NAME	BEHRHORST, GRETCHEN E
STREET ADDRESS	21374 SONESTA WAY
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/05/06-80004-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: *Gretchen E. Behrhorst, President* 5/31/6 561-929-0746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gretchen E. Behrhorst Daytime Phone #