

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001857

FILED
Jun 21, 2007
Secretary of State

Entity Name: GENESIS HEALTH SERVICES, INC.

Current Principal Place of Business:

2223 N WASHINGTON BLVD
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

2223 N. WASHINGTON BLVD
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 65-0478868 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MC CLOUD, JAMES E
2223 N. WASHINGTON BLVD
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: O'FLYNN, SONJA ARNP
Address: 2223 N. WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34234

Title: V () Delete
Name: KEATING, ANTHONY MD
Address: 7231 39TH LANE E
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Delete
Name: EHRLICH, HENRY MD
Address: 748 DREAM ISLAND RD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: CARTER, WILLIAM
Address: 2684 24TH ST
City-St-Zip: SARASOTA, FL 34234

Title: PMD () Delete
Name: MC CLOUD, JAMES E
Address: P O BOX 2038
City-St-Zip: SARASOTA, FL 34230

Title: D () Delete
Name: CHMIELEWSKI, CHET MD
Address: 2223 N. WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COSBY-GOUGH, ANGELA
Address: 2223 N. WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34234

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MC CLOUD

PMD

06/21/2007

Electronic Signature of Signing Officer or Director

Date