

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001857

FILED  
May 03, 2010  
Secretary of State

Entity Name: GENESIS HEALTH SERVICES, INC.

## Current Principal Place of Business:

1720 DR. M.L. KING, JR., WAY  
SUITE 117  
SARASOTA, FL 34234 US

## New Principal Place of Business:

3333 N. WASHINGTON BLVD.  
SUITE 3  
SARASOTA, FL 34234 US

## Current Mailing Address:

1720 DR. M.L. KING, JR., WAY  
SUITE 117  
SARASOTA, FL 34234 US

## New Mailing Address:

3333 N. WASHINGTON BLVD.  
SUITE 3  
SARASOTA, FL 34234 US

FEI Number: 65-0478868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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  
1720 DR. M.L. KING, JR., WAY  
SUITE 117  
SARASOTA, FL 34234 US

## Name and Address of New Registered Agent:

MC CLOUD, JAMES E  
3333 N. WASHINGTON BLVD.  
SUITE 3  
SARASOTA, FL 34234 US

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:

05/03/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S  
Name: JORDAN, NEALE RN  
Address: 3333 N. WASHINGTON BLVD., SUITE 3  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: COSBY-GOUGH, ANGELA  
Address: 3333 N. WASHINGTON BLVD., SUITE 3  
City-St-Zip: SARASOTA, FL 34234

Title: T  
Name: CARTER, WILLIAM  
Address: 3333 N. WASHINGTON BLVD., SUITE 3  
City-St-Zip: SARASOTA, FL 34234

Title: PMD  
Name: MC CLOUD, JAMES E  
Address: 3333 N. WASHINGTON BLVD., SUITE 3  
City-St-Zip: SARASOTA, FL 34230

Title: D  
Name: CHMIELEWSKI, CHET MD  
Address: 3333 N. WASHINGTON BLVD., SUITE 3  
City-St-Zip: SARASOTA, FL 34234

Title: D  
Name: KEATING, ANTHONY MD  
Address: 1720 DR. M.L. KING, JR. WAY, SUITE 117  
City-St-Zip: SARASOTA, FL 34234

I hereby 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 all other like empowered.

SIGNATURE: JAMES E. MC CLOUD

PMD

05/03/2010

Electronic Signature of Signing Officer or Director

Date