

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001857

FILED
Apr 29, 2011
Secretary of State

Entity Name: GENESIS HEALTH SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0478868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLLOUD, JAMES E
3333 N. WASHINGTON BLVD.
SUITE 3
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
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: MCCLLOUD, 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: EVERINGHAM, DAVID
Address: 3333 N. WASHINGTON BLVD.#3
City-St-Zip: SARASOTA, FL 34234 UN

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 MCCLLOUD

PMD

04/29/2011

Electronic Signature of Signing Officer or Director

Date