

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150091

FILED
Apr 12, 2006
Secretary of State

Entity Name: GENESIS HEALTHCARE EDUCATION, INC.

Current Principal Place of Business:

6341 ARAGON WAY APT 203
FORT MYERS, FL 33912

New Principal Place of Business:

2178 TREEHAVEN CIRCLE
FORT MYERS, FL 33907

Current Mailing Address:

6341 ARAGON WAY APT 203
FORT MYERS, FL 33912

New Mailing Address:

2178 TREEHAVEN CIRCLE
FORT MYERS, FL 33907

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: BURLINGAME, ELIZABETH A
Address: 6341 ARAGON WAY APT 203
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BURLINGAME, ELIZABETH A
Address: 2178 TREEHAVEN CIRCLE
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BURLINGAME

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

Date