


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90371 027 \*\*\*150.00

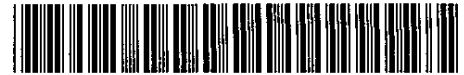
**DOCUMENT # P93000069989**

1. Entity Name  
**EIDOS, INC.**



Principal Place of Business      Mailing Address

101 EAST STATE STREET      101 EAST STATE STREET  
 KENNETT SQUARE PA 19348      KENNETT SQUARE PA 19348  
 US      US



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

4. FEI Number      Applied For

**16-1447586**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

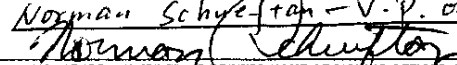
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO HAGER, GEORGE V JR 101 EAST STATE STREET KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUEFTAN, NORMAN 101 EAST STATE STREET KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO MCKEON, JAMES V 101 EAST STATE STREET KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COGGINS, EILEEN M 101 EAST STATE STREET KENNETT SQUARE PA 19438	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A DICITTORIO, THOMAS 101 EAST SIRTE STREET KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, CFO, Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO DIVITTORIO, THOMAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Norman Schueftan - V.P. of Tax  
  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 (610) 925-4135  
 Date      Daytime Phone #

ATTACHMENT

60030248

GENESIS HEALTHCARE CORPORATION  
(EIDOS, Inc. - Document: # P93000069989)  
OFFICERS and DIRECTORS  
10-01-2005 - 09-30-2006

OFFICERS:

**George V. Hager, Jr.**  
Business Address

**Chief Executive Officer**  
101 East State Street  
Kennett Square, PA 19348

**James V. McKeon**  
Business Address

**CFO & Treasurer**  
101 East State Street  
Kennett Square, PA 19348

**David Almquist**  
Business Address

**President**  
515 Fairmount Avenue  
Towson, MD 21286

**Norman Schueftan**  
Business Address

**Vice President**  
101 East State Street  
Kennett Square, PA 19348

**Eileen M. Coggins**  
Business Address

**Secretary**  
101 East State Street  
Kennett Square, PA 19348

**Thomas DiVittorio**  
Business Address

**Chief Accounting Officer**  
101 East State Street  
Kennett Square, PA 19348

DIRECTORS:

**George V. Hager, Jr.**  
Business Address

**Chairman of the Board**  
101 East State Street  
Kennett Square, PA 19348

**James V. McKeon**  
Business Address

**Director**  
101 East State Street  
Kennett Square, PA 19348

**Eileen M. Coggins**  
Business Address

**Director**  
101 East State Street  
Kennett Square, PA 19348