FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047686 (5)

GENESIS HEALTH CENTER, INC.

Principal Place of Business Maiting Address						T INGSLOCK LIFE SAIN TRAIL COLIT BOSIL BOSIL BOSIL BOSIL SONS BIND LOUGH DISCOUNT HOUSE		
7385 S.W. 87TH AVE SUITE 300 7385 S.W. 87TH AVE SUITE 30 MIAMI FL 33173)		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 05/27/1997		
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26			65 - 0759 0 6 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc	27			5. Certificate of Status Desired Section Fee Required		
City & Stat	9	City & State	k State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30	30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM				81	Name			
1200 SOUTH PINE ISLAND ROAD				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324								
				83				
				84	City	a5 Zip Code		
					City	FL s z p coor		
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the ob-	502 and 607.1508, Florida S ate of Florida. Such change v ligations of, Section 607.050	statutes, the a was authorize 5, Florida Sta	above ed by atutes	-named c the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required y					equired when reinstaling) DATE			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DELETE		1.1]	1.1 TATLE		Change Addition		
NAME	REBSTOCK, JOHN W		1.21	1.2 NAME				
STREET ADDRESS 7385 S.W. 87TH AVE., SUITE 300			1.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	A STATE OF A A A STATE OF THE S		1.4 0	1.4 CITY-ST-ZIP				
TITLE	Ď	☐ DELETE				☐ Change ☐ Addition		
NAME	SENRA, MAGGIE	k. MAGGIE		2 NAME				
STREET ADDRESS 7385 S.W. 87TH AVE., SUITE 300			2.3 \$	TREET	ADORESS			
CITY-ST-ZIP MIAMI FL 33173				2. 4 CITY-ST-ZIP				

STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or 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 and accurate this report as required by Chapter 607, Florida Statutes; and that my name and accurate this report as required by Chapter 607, Florida Statutes.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

3.4. CłTY - ST - ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

DELETE

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Rea Con

Dresident /7/97

FILED

Jan 29 1998 8:00am

Secretary of State

Addition

Addition

Addition

Addition

Change

Change

Change

Change