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P	$\mathbf{RC}$	F	IT	CO	)RI	OR	AT	ON	AN	INI	AI	REP	ORT	FOR	THE	VFA	R	2005

Corporate ID No. 109155		ration	<del> </del>		
	2 Name of Corpo Genesis Eld	ercare Rehabilitation	Services, Inc.		
Street Address Principal Bil			City	State	$\overline{Z_{IP}}$
:01 EAST STATE S			KENNETT SOUARE	I <sub>PA</sub>	19348-
Business Phone No	•	5. State of Incorporate			6 SIC Code
5104446350		PENNSYLVAN			9886
Brief Description of the Chi O PROVIDE VARIOUS	gracter of Business Con		<del></del>		
. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) 🗷 FILL IN SPAC	ES BEFORE USING A	TTACHMENTS
EBORAH SOUTAR			Vice President Name JAMES V. MCKEON		
reet Address			Street Address	<u></u>	
01 EAST STATE S	יים קים מיי		1	מסספת	
		···, 7	101 EAST STATE ST		
(v ENNETT SQUARE	State PA	<i>Zip</i> + 1.02.4.9	City COLLABO	State 12.75	<i>Lip</i>
retary Name	rn.	19348	KENNETT SQUARE	PA	19348
ILEEN M. COGGIN	S	<u>.</u> .	Treasurer Name CHLEY A THOMAS DI VITTORI	O STREET OF T	<u>ver</u>
eet Address			Street Address		
01 EAST STATE S	TREET		.101 EAST STATE S1	REET	
ı	State	Zip	City	State	Zip
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O ENNETT SQUARE NAMES AND ADDRE TO Name CHAIRMA EORGE V. HAGER, eet Address	PA SSES OF THE DIR L <b>OF THE BOOK</b> JR.	19348 ECTORS ("X" BOX FO	KENNETT SQUARE  RATTACHMENT)   FILL IN SPA Director Name JAMES V. MCKEON  Street Address	PA CES BEFORE USING	19348
N ENNETT SQUARE . NAMES AND ADDRE TOTAL NAME (NA/PAIA) EORGE V. HAGER, TOTAL STATE STATE ST	PA SSES OF THE DIR A <b>9 the Book</b> JR TREET	19348 ECTORS ("X" BOX FO.	KENNETT SQUARE  RATTACHMENT)   FILL IN SPA Director Name  JAMES V. MCKEON  Street Address  101 EAST STATE ST	PA CES BEFORE USING	19348 GATTACHMENTS
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ENNETT SQUARE  NAMES AND ADDRE  NAMES AND ADDRE  PART Name  EURGE V. HAGER,  eet Address  D1 EAST STATE S'  O'  ENNETT SQUARE  rector Name	PA SSES OF THE DIR L of the Books JR  TREET State PA	19348 ECTORS ("X" BOX FO.	KENNETT SQUARE  RATTACHMENT)   FILL IN SPA Director Name JAMES V. McKEON  Street Address 101 EAST STATE ST	PA CES BEFORE USING TREET State	19348 GATTACHMENTS
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ENNETT SQUARE  NAMES AND ADDRE  NAMES AND ADDRE  PROBLEM Name  Lya/Rua  EORGE V. HAGER,  eet Address  D1 EAST STATE S'  O'  ENNETT SQUARE  rector Name  ILEEN M. COGGIN:  eet Address  D1 EAST STATE S'  O'  ENNETT SQUARE  O'  ENNETT SQUARE  O. SHARES AUTHORI  ONE NAME SAUTHORI  O'  O'  O'  O'  O'  O'  O'  O'  O'  O	PA SSES OF THE DIR L of the Section JR TREET State PA S TREET State PA	19348 ECTORS ("X" BOX FOR 52)  Zip 19348	KENNETT SQUARE  RATTACHMENT)   FILL IN SPA Director Name  JAMES V. McKEON  Street Address  101 EAST STATE ST  City  KENNETT SQUARE  Director Name  Street Address  City  11. SHARES ISSUED ("X" B	PA  CES BEFORE USING  CREET  State  PA  State	19348 SATTACHMENTS  Zip  19348
n ENNETT SQUARE NAMES AND ADDRE TO Name (NA/NA/A EORGE V. HAGER, TO TAST STATE ST	PA SSES OF THE DIR L of the Section JR TREET State PA S TREET State PA	19348 ECTORS ("X" BOX FOR 52)  Zip 19348	KENNETT SQUARE  RATTACHMENT)   FILL IN SPA Director Name  JAMES V. McKEON  Street Address  101 EAST STATE ST  City  KENNETT SQUARE  Director Name  Street Address  City  City	PA  CES BEFORE USING  CREET  State  PA  State	19348 SATTACHMENTS  Zip  19348



*109155	FBC 02/14/05 10:41:55 AM*
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B <sub>3</sub> .	2
FOR SECR	ETARY OF STATE USE ONLY

Officer penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements.
and that all statements contained herein are true and correct
Mornon chufle 02-16-05
Signature of Officer Date
NORMAN SCHUEETAN

Print or Type Name of Officer

VICE PRESIDENT, TAXATION Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPO	PRATION AND	NUAL REPOR	T FOR THE YEA	AR 2004	4
Filing Period: January 1 -		ig Fee: \$50.00	- 1 OK 1112 12.		<del>1</del>
(FORM MUST BE TYPED OR PA	UNTED IN BLACK)	•			
1. Corporate ID No.	2 Name of Corporation	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
109155		re Rehabilitation Servi	ces. Inc.		
3. Street Address Principal Busine			Clty /	State	7.m
101 EAST ST	ATE STREET		KENNOT SOLA	et th	19348
4 Business Phone No.	/ 2 = .	5. State of Incorporation			6. SIC Code
610-444-		PENNSYLVANIA			0
7 Brief Description of the Chamci TO PROVIDE VARIOU	er of Business Conducted in S REHABILITATION AN	Rhode Island  ND THERAPY SERVICES	 S.		
8. NAMES AND ADDRESS:	ES OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT) 📉 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
President Name			Vice Pyosideni Name		
DEBORAH S	TOUTAL		NORMAN JUH	FUEFTHN	
		-	Street Address		
	YC STREET		Street Address 101 CAST STA	TE STREET	
KENNETT SOUTE	State PA	<sup>Zip</sup> 19348	HENNETT SOUR	ME State M	Zup 19348
BILLETA COGGI	15		BARBARA J.	HAUSWALD	
101 EAST STATE	STEET		Street Address 101 EAST STA	n Incer	
RENACT SAUAR 9. NAMES AND ADDRESS	State PA  ES OF THE DIRECTO	Zip	NEWNETT SQUA	PEE State PA	79348
	LAGER, JR	•	Director Same V. 1		
Sirce Address 181 EAST STATE	STREET		Street Address STA	TC STREET	
KENNET JOURE	State TA	19348	KENNETT SOU	MC State PA	19348
ELLEEN COGGIAS	<u>;                                    </u>		Director Name NONE	•	
181 EAST STATE	E STREET		Street Address	<u> </u>	
KENNETT SOUARE	State PA	79348	Clty	State	Zıp
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	TACHMENT) 📋	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT) []
AUTHORIZED SHARES	<u> </u>		ISSUED SHARES		_
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR V	ALUE		100	Comman	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1.0 Q 1 5 5 *
File Date	FILED
Check No.	FEB 2 3 2004
Ву:	By 43 5248 GAM
į.	OR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare		
ncluding any accompanying scho		nd that all statements
contracted herein are true and conf	Levelon_	2/9/04
ignature of Officer	0	Date
HORMAN SEKUEFTAN	d	
rint or Type Name of Officer		<u> </u>
VICE PRESIDENT		
Title of Officer	For	m 630 Rev. 12/03



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

Filing Period: January 1-March 1	ANNUAL REPORT	FOR	THI
(FORM MUST BE TYPED OR PRINTED IN BLACK)			

1. Corporate ID No.

2. Name of Corporation

STREET

109155

Genesis Eldercare Rehabilitation Services, Inc.

3. Street Address Principal Business Office

EAST STATE

KENNET SOVARE

PA

STATE STREET

MAUSWALD

EAST STATE STREET

FILL IN SPACES BEFORE USING ATTACHMENTS

STREET

4. Business Phone No.

610-444.6350

**PENNSYLVANIA** 

7. Brief Description of the Character of Business Conducted in Rhode Island

REHABILITATION SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE USING ATTACHMENTS DEBORAL Vice President Name LOUTAR NORWAN SCHUEFTAN

Street Address

101

Street Address

Director Name

. Street Address

KENNET SQUARE

BARBARA

GEORGE

KENNETT SQUARE

Street Address

101 EAST STATE STREET

KENNETT SQUARE

19348

Secretary Name

JAMES WANKMILLER

EASI STATE STREET

KENNETT SQUARE

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

KENNET SQUARE Director Name

ROBERI FISH

Street Address

EAST STATE

KENNETT SQUARE Director Name

Street Address

State

10. SHARES AUTHORIZED (\*X" BOX FOR ATTACHMENT)

AUTHORIZED) SHARES

Number of Shares

Closs/Series

Par Value

City

City

State

HAGER

STATE

2.10

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUID SHARES

Number of Shares

Class/Series

Par Value

100

GMMON

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2-10-03

1,000 COMM \$1.00 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and than all statements contained herein are true and correct.

Signature of Officer

NORMAN SCHUEFTAN Print or Type Name of Officer

VILLE PRESIDENT OF NOTTAXAT Title of Officer

**- €** 5

#### Officer/Directors

## Genesis Eldercare Rehabilitation Services, Inc.

Corp ID #: 109155

#### **DIRECTORS**

#### Robert Fish

Chairman of the Board & C.E.O 101 East State Street Kennett Square, PA 19348

#### George V. Hager

President, Chief Financial Officer, & Vice Chairman 101 East State Street Kennett Square, PA 19348

#### **OFFICERS**

#### Deborah Soutar

President 101 East State Street Kennett Square, PA 19348

#### Norman Schueftan

Vice President of Taxation 101 East State Street Kennett Square, PA 19348

#### Barbara J. Hauswald

Treasurer 101 East State Street Kennett Square, PA 19348

#### James J. Wankmiller

Secretary 101 East State Street Kennett Square, PA 19348

#### James V. McKeon

Corporate Controller 101 East State Street Kennett Square, PA 19348



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT COPPORATION 2002

Filling Period: January 1–M. (FORM MUST BE TYPED IN BLACK)	······································	<i>ng ree. ∌30.00</i>				PLEASE R INSTRUCT
	Name of Corporation					
	• •	e Rehabilitation Service	es Inc			
3. Street Address Principal Business Office			City		State	7).
101 EAST STATE ST	TREET	5. State of Incorporation	KENNET	SQUARE		19348
(610) 444 - 6350 Brief Description of the Character of Rusin		PENNSYLVANIA				6. SIC Code 0
REHABILITATION :						
B. NAMES AND ADDRESSES O	F THE OFFICER	\$ (*X* BOX FOR ATTACH:			ORE USING ATTACH	MENTS
DEBORAH M Scincel Address	outar		Vice President Na TOHN Street Address		UREY	
101 EAST STATE	ie –	Zip	_	AST STI	ATE STREET	
KAWEST SQUARE ecretary Name	PA	19348	KENNET S	SQUARE	State PA	19348
JAMES J. WANKM	ILLER			A J. 1	HAUSWALD	
IOI RAST STATE STATE	e	Zip		ST STAT	E STRIET	9:5
KENNET SQUARE		19348	KENNET	SQUARE	, "III" ,	19348
. NAMES AND ADDRESSES OF	F THE DIRECTO	RS ("X" BOX FOR ATTAC		=	EFORE USING ATTACI	1
irector Name	UVED		Director Name	. A b	0	<b>~</b> \
MICHEAL R. WA	ILLEN		Street Address	CAMED	B. HOMY	KD
101 EAST STAT	•	Zio	101		STATE STA	
LENNET SQUARE	·	19348	KENNET .	SQUARE	PA	19348
NON	F_		Dutten Mant	N	ONE	
seel Address			Street Address	1 4	0110	
ily: State	•	Zip	City		State	Zip
D. SHARES AUTHORIZED (*x* ) JIHORIZED SHARIS	BON FOR ATTACHME	(דא	11. SHARES I	SSUED ("X" BO	OX FOR ATTACHMENT)	
	s/Series	Par Value	Number of Shares		Class/Series	Par Value
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			, <u>-</u> !		C2/00/1	SP TAIN
nis report must be signed in i	ink by either th	e President. Vice Pre	- esident Secre	larv Accictan	t Sacratagy Transura	. Dagaines es Ten



File Date:	2.7-02
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Check No.:	3228/12
	7
Ву:	~
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer	FEB	1 2002	
Signature of Officer	Date		-

JOHN F.X. FULLY Print or Type Name of Officer

VICE PRESIDENT

Title of Officer **€** 5

Form 630 12/01

PROFIT	CORPORATION	ANNUAL REPORT	FOR	тнг	VFAR	2001
Filing Period	l' lanuary la March 1	Elling Foot \$50.00	IOK	1 11 1	ILAK	<del></del>



(FORM MUST BE TYPED IN BLACK)				
1. Corporate IDNO. 109155 2. Name of Corporate E	ldercare Rehabili	tation Services,	Inc.	<u></u>
3. Street Address Principal Business Office	, ,	City	State	Zip
101 East Stok St 4. Business Phone No.	S. State of Incorporation	Vennett-Square	1 212	19348
610-444-6350	PENNSYLVANIA			6. SIC Cod
7. Brief Description of the Character of Business Conducted in	Rhode Island	C. dellamas C	Palical	
TO Provide various 1	CERS (DO FOR APPACIA	' 1 /	C/ <i>U/UL</i> . Fór <b>e</b> using attachs	Texase
President Name	CLIKS - X BOX FOR ALLACIAN	Vice President Name	TORE USING ATTACHS	16713
Deborahm. Sotar		James V. V	Mc Weon	
101 E . Stell St		101 E . Ste	to St.	
City	7.ip 19348	City	Stute	Zip
Vienne H Square PA	77548	VIL MAPHS 9 VALE	2 1217	19348
James J. Wankmiller Street Address		Barbara J	T. Haus wa	-ld
10) E. State St.	7:-	101E. S+	- H Stree	+
Vennett Square PA	1934X	Wennett Square	, state	19348
9. NAMES AND ADDRESSES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	HMENT) FILL INSPACES I	BEFORE USING ATTACE	IMENTS
Michael R. Wa Street Address	IKOT.	Director Name		
		Street Address		
10, E. State S.	<del>/-</del>	: : Gity	•	•
City State VIENNEH Squee PA Director Name	19348	cay	State	Zip
Richard R. How		Director Name	***************************************	
Street Address		. Street Address		
city 101 E. State S	+			
Klnnett Square PA	19348	City	State	Zip
10. SHARES AUTHORIZED (*N.* BOX FOR ATTA AUTHORIZED SHARES	•	11. SHARES ISSUED CX*	BOX FOR ATTACHMENT)	, 
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VAL		1,000	Common	1.00
This report must be <b>signed in ink</b> by eith	er the President, Vice Pr	esident, Secretary, Assista	int Secretary, Treasure	 r, Receiver or Tru
		•	••	,

Title of Officer



File Date:	2/12/61
Check No.:	63063556
Ву:	ho

FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements, and
hat all statements contained herein are true and correct.

Mar all statements conta	ineo nerein are true and correct.
Signature of Officer	7 - 14 - 6 /
Janes V.	MCKRON
Print or Type Name of Officer  VP/ (00)	(00+101105

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TY	PED IN BLA	(CK)			
1. Corporate ID No.	-	2. Name of Corporation	on	•	

109155	Genesis Elde	rcare Rehabilit	tation Services, Inc	•	
3. Street Address Principal Business O 101E State S 4. Business Phone No.	ffice !	5. State of Incorporation	Kennett Square	State	19348 6. SIC Code
(60)444 - 6350 T. Brief Description of the Character o Rehabilitation	f Business Conducted in Rh	PENNSYLVANIA ode Island			
8. NAMES AND ADDRESS		RŚ ("X" BOX FOR ATTACH.	MENT) FILL IN SPACES BEFO	ORE USING ATTACHMI	ENTS
DEBorah M.	Soutar		Vice President Name  James V. Mck  Street Address	ÉM	
101 E. State St			101 E. State St		
Kennett Souwe Secretary Name	PA	19348	Kennett Square Treasurer Name	PA	19348
Trac. Guberni	ick		Farran Adda		
101 E. State St			Street Address		
Kennett Souare	PA	<sup>zip</sup> 19348	Clty	State	Zip
9. NAMES AND ADDRESSI	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC		FORE USING ATTACH	MENTS
Michael R. Wal	Ver		Director Name		
Street Address			Street Address		
101 E. State St	State	71-	C).	_	
Rennett Square	PA	" 19348	City	State	ZIp
Director Name		. (	Director Name		
Richard R. How	ard		Street Address		
101 E. State St					
Yanneth Calabi	State DA	7.1p	City	State	ZIp
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACH.	MENTI	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 I	PAR VAL		1,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Signature of Officer



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.