



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 109155	2 Name of Corporation Genesis Eldercare Rehabilitation Services, Inc.		
3 Street Address Principal Business Office 101 EAST STATE STREET	City KENNETT SQUARE	State PA	Zip 19348
4 Business Phone No. 6104446350	5 State of Incorporation PENNSYLVANIA	6 SIC Code 9886	

7 Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE VARIOUS REHABILITATION AND THERAPY SERVICES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
DEBORAH SOUTAR	JAMES V. McKEON
Street Address 101 EAST STATE STREET	Street Address 101 EAST STATE STREET
City KENNETT SQUARE	City KENNETT SQUARE
State PA	State PA
Zip 19348	Zip 19348
Secretary Name EILEEN M. COGGINS	Treasurer Name THOMAS DI VITTORIO
Street Address 101 EAST STATE STREET	Street Address 101 EAST STATE STREET
City KENNETT SQUARE	City KENNETT SQUARE
State PA	State PA
Zip 19348	Zip 19348

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
GEORGE V. HAGER, JR.	JAMES V. McKEON
Street Address 101 EAST STATE STREET	Street Address 101 EAST STATE STREET
City KENNETT SQUARE	City KENNETT SQUARE
State PA	State PA
Zip 19348	Zip 19348
Director Name EILEEN M. COGGINS	Director Name
Street Address 101 EAST STATE STREET	Street Address
City KENNETT SQUARE	City
State PA	State
Zip 19348	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
1,000 COMM	\$1.00 PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
100	COMMON	\$1.00

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



1 0 9 1 5 5

109155 FBC 02/14/05 10:41:55 AM

File Date 2-22-05

Check No. 251147

By [Signature]

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

[Signature] 02-16-05

Signature of Officer Date

NORMAN SCHUEFTAN

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
Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109155		2. Name of Corporation Genesis Eldercare Rehabilitation Services, Inc.		
3. Street Address Principal Business Office 101 EAST STATE STREET		City KENNETT SQUARE	State PA	Zip 19348
4. Business Phone No. 610-444-6350		5. State of Incorporation PENNSYLVANIA		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE VARIOUS REHABILITATION AND THERAPY SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DEBORAH SCUTAR		Vice President Name NORMAN SEHUGETAN		
Street Address 101 EAST STATE STREET		Street Address 101 EAST STATE STREET		
City KENNETT SQUARE	State PA	Zip 19348	City KENNETT SQUARE	State PA
Secretary Name EILEEN COGGINS		Treasurer Name BARBARA J. HAUSWALD		
Street Address 101 EAST STATE STREET		Street Address 101 EAST STATE STREET		
City KENNETT SQUARE	State PA	Zip 19348	City KENNETT SQUARE	State PA
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name GEORGE V. HAGER, JR. - CHAIRMAN		Director Name JAMES V. M'HEON		
Street Address 101 EAST STATE STREET		Street Address 101 EAST STATE STREET		
City KENNETT SQUARE	State PA	Zip 19348	City KENNETT SQUARE	State PA
Director Name EILEEN COGGINS		Director Name NONE		
Street Address 101 EAST STATE STREET		Street Address		
City KENNETT SQUARE	State PA	Zip 19348	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares 1,000 COMM \$1.00 PAR VALUE		Class/Series Common		Par Value \$1.00
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares 100		Class/Series Common		Par Value \$1.00

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



* 1 0 9 1 5 5 *

FILED

File Date

FEB 23 2004

Check No.

By 43548 GAD

By:

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.

Signature of Officer

NORMAN SEHUGETAN

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer

Date

2/9/04



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

Edward S. Inn

100 North Main Street, Providence

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

109155

2. Name of Corporation

Genesis Eldercare Rehabilitation Services, Inc.

3. Street Address Principal Business Office

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

19

4. Business Phone No.

610-444-6350

5. State of Incorporation

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) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DEBORAH SOUTAR

Street Address

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

19348

Secretary Name

JAMES WANKMILLER

Street Address

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

19348

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

ROBERT FISH

Street Address

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

19348

Vice President Name

NORMAN SCHUEFTAN

Street Address

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

193

Treasurer Name

BARBARA HAUSWALD

Street Address

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

1934

Director Name

GEORGE HAGER

Street Address

101 EAST STATE STREET

City

KENNET SQUARE

State

PA

Zip

19348

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMMON

\$1.00

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



* 1 0 9 1 5 5 *

File Date: 2-10-03

Check No.: 03479443

By: [Signature]

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.

Norman Schueftan 1/29/03
Signature of Officer Date

NORMAN SCHUEFTAN

Print or Type Name of Officer

VICE PRESIDENT OF TAXATION

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



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109155 2. Name of Corporation Genesis Eldercare Rehabilitation Services, Inc.
3. Street Address Principal Business Office 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348
4. Business Phone No. (610) 444-6350 5. State of Incorporation PENNSYLVANIA 6. SIC Code 0

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DEBORAH M. SOUTAR Street Address 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348	Vice President Name JOHN F.X. FUREY Street Address 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348
Secretary Name JAMES J. WANKMILLER Street Address 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348	Treasurer Name BARBARA J. HAUSWALD Street Address 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name MICHAEL R. WALKER Street Address 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348	Director Name RICHARD R. HOWARD Street Address 101 EAST STATE STREET City KENNET SQUARE State PA Zip 19348
Director Name NONE	Director Name NONE

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMM \$1.00 PAR

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



* 1 0 9 1 5 5 *

File Date: 2-7-02
Check No.: 3228112
By: [Signature]

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.

Signature of Officer: [Signature] Date: FEB 1 2002
Print or Type Name of Officer: JOHN F.X. FUREY
Title of Officer: VICE PRESIDENT OF TAXATION



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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109155** 2. Name of Corporation **Genesis Eldercare Rehabilitation Services, Inc.**
3. Street Address Principal Business Office **101 East State Street** City **Kennett Square** State **PA** Zip **19348**
4. Business Phone No. **610-444-0350** 5. State of Incorporation **PENNSYLVANIA** 6. SIC Code **8**

7. Brief Description of the Character of Business Conducted in Rhode Island
to provide various rehabilitation and therapy services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Deborah M. Soutar Street Address 101 E. State St City Kennett Square State PA Zip 19348	Vice President Name James V. McKeon Street Address 101 E. State St. City Kennett Square State PA Zip 19348
Secretary Name James J. Wankmiller Street Address 101 E. State St. City Kennett Square State PA Zip 19348	Treasurer Name Barbara J. Hauswald Street Address 101 E. State Street City Kennett Square State PA Zip 19348

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael R. Walker Street Address 101 E. State St City Kennett Square State PA Zip 19348	Director Name Richard R. Howard Street Address 101 E. State St City Kennett Square State PA Zip 19348
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
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



* 1 0 9 1 5 5 *

File Date: **2/12/01**

Check No.: **03003556**

By: **EW**

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.

Signature of Officer **JVM** Date **1-14-01**

Print or Type Name of Officer **James V. McKeon**

Title of Officer **VP/Corp Controller**



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

109155

Genesis Eldercare Rehabilitation Services, Inc.

3. Street Address Principal Business Office

101 E. State St

City

State

Kennett Square PA

Zip

19348

4. Business Phone No.

(610)444-6350

5. State of Incorporation

PENNSYLVANIA

6. SIC Code

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Deborah M. Sowter

Street Address

101 E. State St

City

State

Kennett Square PA

Zip

19348

Vice President Name

James V. McKeon

Street Address

101 E. State St

City

State

Kennett Square PA

Zip

19348

Secretary Name

Tracy C. Gubernick

Street Address

101 E. State St

City

State

Kennett Square PA

Zip

19348

Street Address

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Michael R. Walker

Street Address

101 E. State St

City

State

Kennett Square PA

Zip

19348

Director Name

Street Address

City

State

Zip

Director Name

Richard R. Howard

Street Address

101 E. State St

City

State

Kennett Square PA

Zip

19348

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 1 0 9 1 5 5 *

File Date: 8-28-00

Check No.: 1295894

By: AMF

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.

Signature of Officer

Date

James V. McKeon

Print or Type Name of Officer

VP/Corporate Controller

Title of Officer