No. C 196800 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. GENESIS ELDERCARE PHYSICIAN SERVICES, INC. 101 E STATE ST KENNETT SQUARE PA 19348		2. Registered A	Registered Agent and Address (NO PO BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				BOISE ID 83713 USA 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	r Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	THOMAS DI	VITTORIO	101 EAST STATE STREET	KENNETT SQUARE	PA	USA	19348	
PRESIDENT	GEORGE V I	HAGER	101 EAST STATE STREET	KENNETT SQUARE	PA	USA	19348	
SECRETARY	MICHAEL S	SHERMAN	101 E STATE	KENNETT SQUARE	PA	USA	19348	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
PA		Signature: George V. Hager Jr.			Date: 10/21/2013			
C 196800		Name (type or print): George V. Hager Jr.			Title: Ceo			
Processed 10/21/2013	3	* Electronically pro	ovided signatures are accepted as original	l signatures.				