

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 15 1996 8:00 am
Secretary of State

DOCUMENT # 763030 (4)
1. Corporation Name
GENESIS HEALTH, INC.



Principal Place of Business Mailing Address
SUITE 840 3627 UNIVERSITY BOULEVARD S JACKSONVILLE FL 32216

3. Date Incorporated or Qualified **04/28/1982** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2249370** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GEIGER, ALLAN T.
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS	
TITLE	CPD <input type="checkbox"/> DELETE
NAME	BROWN, J BROOKS
STREET ADDRESS	6998 SAN FERNANDO PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SELANDER, GUY T.
STREET ADDRESS	1731 UNIVERSITY BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCGEHEE, C. GRAHAM
STREET ADDRESS	6740 EPPING FOREST WAY N
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, NATHAN H.
STREET ADDRESS	51 CAT ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/V/T
5.3 STREET ADDRESS	Baer, Douglas M.
5.4 CITY-ST-ZIP	2029 Marye Brant Loop, N. Neptune Beach, FL 32266
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Johnson, Davis M.
6.4 CITY-ST-ZIP	2204 The Woods Drive Jacksonville, FL 32246

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *Douglas M. Baer* **3/6/96** **904-391-1205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE District Phone #

CR2E037 (12/95)

763030

GENESIS HEALTH, INC.

The following are additions:

Title: D

Busse, David H.
11 Spyglass Lane
Ponte Vedra Beach, FL 32082

Title: D

Carroll, David W.
1207 Salt Creek Island Drive
Ponte Vedra Beach, FL 32082

Title: D

Cusick, W. Patrick
10378 Deerwood Club Road
Jacksonville, FL 32216

Title: D/S

Pearce, Herbert R., M.D.
3599 University Blvd., South
Jacksonville, FL 32216

Title: D

Perry, Thomas W., Jr.
3317 Via De La Reina Street
Jacksonville, FL 32217

Title: D

Sneed, Gary W.
116 Carriage Lamp Way
Ponte Vedra Beach, FL 32082