


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763030 (4)

1. Corporation Name
GENESIS HEALTH, INC.

Principal Place of Business SUITE 840 3627 UNIVERSITY BOULEVARD S JACKSONVILLE FL 32216	Mailing Address SUITE 840 3627 UNIVERSITY BOULEVARD S JACKSONVILLE FL 32216
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3. Date Incorporated or Qualified 04/28/1982	
4. FEI Number 59-2249370	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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. Zip	29. Zip
25. Country	30. Country

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. City
84. City
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J BROOKS	1.2 NAME	
STREET ADDRESS	6998 SAN FERNANDO PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELANDER, GUY T.	2.2 NAME	
STREET ADDRESS	1731 UNIVERSITY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, NATHAN H.	3.2 NAME	
STREET ADDRESS	51 CAT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, DOUGLAS M	4.2 NAME	
STREET ADDRESS	2029 MARYE BRANT LOOP N	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, on an attachment with an address.

SIGNATURE: _____ DATE: **4/24/98** 904-391-1205

CR2E037 (10/97)

GENESIS HEALTH, INC.

The following are additions:

Title: D

Busse, David H.
11 Spyglass Lane
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.
10138 Whipoorwill Lane
Jacksonville, FL 32256

Title: D

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