

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90195 001 \*1,050.00

0004031

**DOCUMENT # 763488**

1. Entity Name

**THE GENESIS HEALTH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**3599 UNIVERSITY BLVD S  
 STE B  
 JACKSONVILLE FL 32216  
 US**

**3599 UNIVERSITY BLVD S  
 STE B  
 JACKSONVILLE FL 32216  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2249340**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, ALLAN T.  
 1301 RIVERPLACE BLVD  
 SUITE 1500  
 JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, J. BROOKS, M.D.</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON JR, FRED C.</b>	
STREET ADDRESS	<b>332-E VILLAGE DRIVE</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, DAVIS M.</b>	
STREET ADDRESS	<b>207 SAN JUAN DRIVE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABATE, M ANDREW</b>	
STREET ADDRESS	<b>42 TIFTON WAY S.</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>BAER, DOUGLS M.</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD SOUTH</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAND, S. MARK</b>	
STREET ADDRESS	<b>225 WATER STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: \_\_\_\_\_

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 904-858-7474

Date

Daytime Phone #

CR2E037 (9/01)

**BOARD OF DIRECTORS**

January 2002

The following are additions:

Title: D/C

**MERILYN T. SHAD**

811 Point LaVista, N., Jacksonville, FL 32207

Title: D

**IRENE MADER**

3419 Catamaran Way, Jacksonville, FL 32223

Title: D

**CLAIRE BARTON**

611 Ponte Vedra Blvd #126, Ponte Vedra Beach, FL 32082

Title: D

**RAMSAY D. BREAZEALE**

3596 Silvery Lane, Jacksonville, FL 32217

Title: D

**PAMELA S. CHALLY, Ph.D., R.N.,**

12907 Huntley Manor Drive, Jacksonville, FL 32224

Title: D

**FRED D. FRANKLIN, JR.**

809 Shipwatch Drive, East, Jacksonville, FL 32225

Title: D

**FRANK C. HOUSER**

5804 Cedar Oaks Drive, Jacksonville, FL 32210

Title: D

**LEE LOMAX**

10063 Heather Lake Court W., Jacksonville, FL 32256

Title: D

**DONALD C. MATHIS**

2145 Hawkcrest Drive E., Jacksonville, FL 32259

Title: D

**LINDA H. SHERRER**

100 Twelve Oaks Lane, Ponte Vedra Beach, FL 32082

Title: D

**PAUL J. SHIELDS**

6660 Epping Forest Way N., Jacksonville, FL 32217

Title: D

**DONALD C. WRIGHT**

3904 Barcelona Avenue, Jacksonville, FL 32207

**CORPORATE OFFICERS**

Title: D/P

**KATHRYN E. REDINGTON**

2874 San Fernando Road, Jacksonville, FL 32217

Title: D/S/T

**DOUGLAS M. BAER**

77 Tallwood Road, Jacksonville Beach, FL 32250