

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90162 043 \*\*\*\*61.25

<b>DOCUMENT # 763488</b> 1. Entity Name <b>THE GENESIS HEALTH FOUNDATION, INC.</b>					
Principal Place of Business <b>3599 UNIVERSITY BLVD S STE B JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>3599 UNIVERSITY BLVD S STE B JACKSONVILLE, FL 32216 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2249340</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GEIGER, ALLAN T. 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE, FL 32207</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, J. BROOKS, M.D. 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC JACKSON JR, FRED C. 332-E VILLAGE DRIVE SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, DAVIS M. 207 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	DP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABATE, M ANDREW 42 TIFTON WAY S. PONTE VEDRA BCH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BAER, DOUGLAS M. 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	D 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAND, S. MARK 225 WATER STREET, SUITE 1250 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <i>Timothy W. Reinhardt</i> <i>Timothy W. Reinhardt</i> <i>4/26/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*Shirley M. Baer* DOUGLAS M. BAER

ATTACHMENT

66018695

# 763488

**ADDITIONAL BOARD OF DIRECTORS  
FOR THE GENESIS HEALTH FOUNDATION, INC.**

2005

Leave all Directors in your system from last year the same, except:

**(new addresses)**

Title: D

Name: Lynn Sneed

3599 University Blvd., South, Suite B

Jacksonville, FL 32216

Title: D

Name: John Cuny

848 Brickell Key Drive, Suite 602

Miami, FL 33131

**(new chairman)**

Title: DC

Name: Forrest Travis

3652 S. Third St.

Jacksonville Beach, FL 32250

Title: D      These are the only two new Board members since last year.

Name: Beth McCague

225 Water Street, 9th floor

Mail Code: FL 10115

Jacksonville, FL 32202

Title: D

Name: Louise McCarages

2666 Nicholas Circle West

Jacksonville, FL 32207

**Delete:**

M. Andrew Abate

Art Wotiz

Lauri-Ellen Smith

Paul Shields (deceased)

Lee Lomax

Ramsay Breaseale (deceased)

Betsy Fallon

Scott Doolittle