
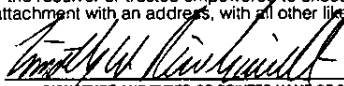


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90418 028 \*\*\*\*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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, J. BROOKS, M.D.		NAME		
STREET ADDRESS	3599 UNIVERSITY BLVD SOUTH		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32216		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON JR, FRED C.		NAME		
STREET ADDRESS	332-E VILLAGE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32095		CITY - ST - ZIP		
TITLE	DP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, DAVIS M.		NAME		
STREET ADDRESS	207 SAN JUAN DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABATE, M ANDREW		NAME		
STREET ADDRESS	42 TIFTON WAY S.		STREET ADDRESS		
CITY - ST - ZIP	PONTE VEDRA BCH, FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAER, DOUGLAS M.		NAME		
STREET ADDRESS	3599 UNIVERSITY BLVD SOUTH		STREET ADDRESS	3599 University Blvd S, Suite B	
CITY - ST - ZIP	JACKSONVILLE, FL 32216		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAND, S. MARK		NAME		
STREET ADDRESS	225 WATER STREET, SUITE 1250		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32202		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Timothy W. Reinschmidt</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

400101-1



04282006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2249340**

Applied For  
Not Applicable

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

**FL** Zip Code

ATTACHMENT

ATTACHMENT 40079794

# 763488

**2006 - ADDITIONAL BOARD OF DIRECTORS  
FOR THE GENESIS HEALTH FOUNDATION, INC.**

**Change of Information:**

Title: D

Name: Pamela S. Chally, Ph.D., R.N.

13121 Via Roma Ct

Jacksonville, FL 32224

Title: D

Name: Mike Ruble

424 Boneset Branch Lane

Jacksonville, FL 32259

**New Board Members since last filing:**

Title: D

Name: Linda Cunningham

168 University Blvd. N

Jacksonville, FL 32211

Title: D

Name: Ruth Simmons

3627 University Blvd. S, Suite 140

Jacksonville, FL 32216

Title: D

Name: Gary Sneed

3599 University Blvd. S, Suite B

Jacksonville, FL 32217

Title: D

Name: David Woods

168 University Blvd. N

Jacksonville, FL 32211

**Delete:**

Fred C. Jackson, Jr.

Louise Macarages

ATTACHMENT

ATTACHMENT

40079794

#763488

2006 - COMPLETE LIST OF BOARD OF DIRECTORS

**FOR THE GENESIS HEALTH FOUNDATION, INC.**

**(For Reference to Ensure Correct Filing Information)**

Title: DC

Name: Forrest Travis

3652 S. Third St.

Jacksonville Beach, FL 32250

Title: D, Vice Chairman

Name: Robert Shields

2461 Rolac Road

Jacksonville, FL 32207

Title: DP

Name: Douglas M. Baer

3599 University Blvd S, Suite B

Jacksonville, FL 32216

Title: D

Name: Claire Barton

611 Ponte Vedra Blvd. 126

Ponte Vedra Beach, FL 32082

Title: D

Name: J. Brooks Brown, M.D.

3599 University Blvd S, Suite B

Jacksonville, FL 32216

Title: D

Name: Karen M. Burdette

24315 Moss Creek Lane

Ponte Vedra Beach, FL 32082

Title: D

Name: Pamela S. Chally, Ph.D.

13121 Via Roma Ct.

Jacksonville, FL 32224

Title: D

Name: Linda Cunningham

168 University Blvd. N

Jacksonville, FL 32211

Title: D

Name: Alan Fickling

17340 River Isle Circle

Jacksonville, FL 32226

Title: D

Name: Mark S. Hand

225 Water Street, Suite 1250

Jacksonville, FL 32202

Title: D

Name: Frank C. Houser

5804 Cedar Oaks Dr

Jacksonville, FL 32210

Title: D

Name: Donald C. Mathis

2145 Hawkcrest Dr E

Jacksonville, FL 32259

Title: D

Name: Beth McCague

225 Water Street, 9<sup>th</sup> Floor

Mailcode: FL 10115

Jacksonville, FL 32202

Title: D

Name: Richard Parsons

1331 1<sup>st</sup> Street North, Suite 1003

Jacksonville Beach, FL 32250

Title: D

Name: Mark Roesser

8552 Hampton Landing Dr

Jacksonville, FL 32217

Title: D

Name: Mike Ruble

424 Boneset Branch Lane

Jacksonville, FL 32259

# ATTACHMENT

ATTACHMENT

#763488

40079794

Title: D  
Name: Marilyn T. Shad  
811 Point La Vista, N  
Jacksonville, FL 32207

Title: D  
Name: Ruth Simmons  
3627 University Blvd., Suite 140  
Jacksonville, FL 32216

Title: D  
Name: Gary W. Sneed  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: D  
Name: Lynne Sneed  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: D  
Name: David Woods  
168 University Blvd. N  
Jacksonville, FL 32211

Title: D  
Name: Donald C. Wright  
3904 Barcelona Avenue  
Jacksonville, FL 32207

Title: ST  
Name: Timothy W. Reinschmidt  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216