

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90205 041 \*\*\*\*61.25

|                                                                                   |                                                                                   |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 763488</b><br>1. Entity Name<br>THE GENESIS HEALTH FOUNDATION, INC. |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

40089534



|                                                                                             |                                                                                 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br>3599 UNIVERSITY BLVD S<br>STE B<br>JACKSONVILLE, FL 32216 US | Mailing Address<br>3599 UNIVERSITY BLVD S<br>STE B<br>JACKSONVILLE, FL 32216 US |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |

04242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2249340

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                        |                                                                                                                    |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PDST<br>BAER, DOUGLAS M.<br>3599 UNIVERSITY BLVD SUITE B<br>JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | ST<br>Berg, Odin G.<br>3599 University Blvd, South<br>Jacksonville, FL 32216 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>Sneed, Cary W.<br>305 Monterey Villa Court<br>St. Augustine, FL 32095 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>Spigel, Michael<br>8631 San Serrano Drive East<br>Jacksonville, FL 32217 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete                                                                                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3599 University Blvd, South |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-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 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.

SIGNATURE: Odin Berg Odin Berg 04/25/08 (904) 858-7480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40089534  
# 763488

**2008 - ADDITIONAL BOARD OF DIRECTORS  
FOR THE GENESIS HEALTH FOUNDATION, INC.**

**Change of Title since last filing:**

Title: DP

Douglas M. Baer  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

**New Directors since last filing:**

Title: ST

Name: Odin-Berg  
3599 University Blvd., South  
Jacksonville, FL 32216

Title: D

Name: Gary Sneed  
305 Monterey Villa Court  
St. Augustine, FL 32095

Title: D

Name: Michael Spigel  
8631 San Servera Drive East  
Jacksonville, FL 32217

**Delete:**

Title: D

Name: Patti deBear  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: D

Name: Betsy Fallon  
3599 University Blvd S., Suite B  
Jacksonville, FL 32216

Title: D

Name: Deborah Stewart, M.D.  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216