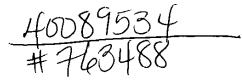
2008 NOT-FOR-PROFIT CORPORATION

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

`			JAL REP	
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	ANNUAL	. KEPUKI		Secretary of State		
1. Entity Nam	MENT #763488 ESIS HEALTH FOUNDATI	ON, INC.	05-01-2008 90205 041 ****61.25			
Principal Place of Business 3599 UNIVERSITY BLVD S STE B JACKSONVILLE, FL 32216 US		Mailing Address 3599 UNIVERSITY BLVD S STE B JACKSONVILLE, FL 32216 US			I l	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number Applied Fc 59-2249340 Not Applie		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	== 1	
			Name	6		
GEIGER, ALLAN T. 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE: FL 32207			Street	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
	named entity submits this statement follows of registered agent.	or the purpose of changing	its registered office	e or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept	
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if sophicable (i	NO1E. Registered Agent sign	gnature required when reinstating) DATE	- 1	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Camp. Trust Fund Cor				\$5.00 May Be Added to Fees Florida Department of State		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
THLE NAME STREET ADDRESS CHY-ST-ZIP	PDST BAER, DOUGLAS M. 3599 UNIVERSITY BLVD SUITE JACKSONVILLE, FL 32216	☐ Delete	IIILE NAME SIREET ADDRESS CIIY-SI-ZIP	PD G Change Add	Idition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	ST Berg, Odin G. 3599 University Blvd., Sc Jacksonville, FL 32210		TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Ad	Idition	
TITLE	D	☐ Delete	TITLE	☐ Change ► Ad	dition	
STREET ADDRESS CITY-ST-ZIP	Sneed, Crary W. — 305 Monterey Villa. Co St. Augustine, FL 32	urt 015	STREET ADDRESS CITY-ST-ZIP	SS	-	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D Spigel, Michael Blost San Servera Driv Jacksonville, FL 32	□ Delete /e Eost 217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Add	ldition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletz	TITLE NAME STHEET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	Idition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	Delete	ITILE NAME STHEET ADDRESS CITY-ST-ZIP	Change Add SS s contained in Chapter 119, Florida Statutes. I further certify that the informatic		
indicated of the cor	on this report or supplemental report is	s true and accurate and the owered to execute this rep	at my signature shall port as required by Cl	s contained in Chapter 1-19, Florida Statutes 1 furmer certiry that the informatic all have the same legal effect as if made under cett; that I am an officer or flor Chapter 617, Florida Statules; and that my name appears in Block 10 or Block 1	ctor [

ATTACHMENT



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: 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: Deborah Stewart, M.D.

3599 University Blvd. S, Suite B

Jacksonville, FL 32216

Title: D

Name: Gary Sneed

305 Monterey Villa Court St. Augustine, FL 32095

Title: D

Name:Betsy Fallon

3599 University Blvd S., Suite B

Jacksonville, FL 32216