

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763488

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE GENESIS HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD S  
STE B  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

3599 UNIVERSITY BLVD S  
STE B  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-2249340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRITCHARD, ROBERT H  
1301 RIVERPLACE BLVD  
SUITE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAER, DOUGLAS M  
Address: 3599 UNIVERSITY BLVD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST ( ) Delete  
Name: BERG, ODIN G  
Address: 3599 UNIVERSITY BLVD. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: SNEED, GARY W  
Address: 305 MONTEREY VILLA COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D ( ) Delete  
Name: SPIGEL, MICHAEL  
Address: 8631 SAN SERVERA DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODIN BERG

ST

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date