

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90155 012 ****61.25

DOCUMENT # 763488

1. Entity Name
THE GENESIS HEALTH FOUNDATION, INC.



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2249340**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BROWN, J. BROOKS, M.D.**
STREET ADDRESS **3599 UNIVERSITY BLVD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **Barton, Claire**
STREET ADDRESS **611 Ponte Vedra Blvd. #126**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **D** ☐ Delete
NAME **JACKSON JR, FRED C.**
STREET ADDRESS **332-E VILLAGE DRIVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE **D** ☐ Change ☒ Addition
NAME **Breazeale, Ramsay D.**
STREET ADDRESS **3596 Silvery Lane**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **D** ☐ Delete
NAME **JOHNSON, DAVIS M.**
STREET ADDRESS **207 SAN JUAN DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Change ☒ Addition
NAME **Chally, Pamela S.**
STREET ADDRESS **12907 Huntley Manor Drive**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☐ Delete
NAME **ABATE, M ANDREW**
STREET ADDRESS **42 TIFTON WAY S.**
CITY-ST-ZIP **PONTE VEDRA BCH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Houser, Frank C.**
STREET ADDRESS **5804 Cedar Oaks Drive**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **DST** ☐ Delete
NAME **BAER, DOUGLS M.**
STREET ADDRESS **3599 UNIVERSITY BLVD SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **Lomax, Lee**
STREET ADDRESS **10063 Heather Lake Couret West**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☐ Delete
NAME **HAND, S. MARK**
STREET ADDRESS **225 WATER STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Change ☒ Addition
NAME **Mathis, Donald C.**
STREET ADDRESS **2145 Hawkcrest Drive East**
CITY-ST-ZIP **Jacksonville, FL 32259**

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:

Timothy W. Reisch
NOTAR PUBLIC REQUIRED

4-21-03 904 858-7488

CR2E037 (10/02)

ATTACHMENT
10086739
BOARD OF DIRECTORS
The Genesis Health Foundation, Inc.
Document #763488

April 2003

The following are additions:

Title: D

IRENE MADER

3419 Catamaran Way, Jacksonville, FL 32223

Title: D/C

MERILYN T. SHAD

811 Point LaVista, N., Jacksonville, FL 32207

Title: D

DONALD C. WRIGHT

3904 Barcelona Avenue, Jacksonville, FL 32207