

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 766695 (1)
1. Corporation Name
GENESIS COMMUNITY HEALTH SERVICES, INC.



Principal Place of Business 3625 UNIVERSITY BLVD.S. JACKSONVILLE FL 32216 US	Mailing Address 3627 UNIVERSITY BLVD.S. SUITE 840 JACKSONVILLE 32216-7433
--	---

21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
---------------------------------------	-------------------------------	------------------------	---------------	-------------------	---------------------------	-------------------------------	------------------------	---------------	-------------------

3. Date Incorporated or Qualified 01/19/1983	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2249372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GEIGER, ALLEN T.
1301 RIVERPLACE BLVD., SUITE 1500
ROGERS, TOWERS, BAILEY, JONES AND GAY
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN MD, J BROOKS	
STREET ADDRESS	6998 SAN FERNANDO PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BAER, DOUGLAS M	
STREET ADDRESS	2029 MARYE BRANT LOOP, N.	
CITY-ST-ZIP	NEPTUNE BCH FL 32266	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIS, ANN	
STREET ADDRESS	1046 LAS ROBIDA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	EBBINGHOUSE, SUSAN	
STREET ADDRESS	1738 SAN MARCO BLVD.,#4	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, TED	
STREET ADDRESS	933 GREENRIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMBRUSTER, JEAN	
STREET ADDRESS	4021 RETFORD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allen T. Geiger* DOUGLAS M BAER 3/2/97 904-391-1205

CR2E037 (9/96)

GENESIS COMMUNITY HEALTH SERVICES, INC.

The following are additions:

Title: D

Brewer, Eldanet
3346 Silver Palm Drive
Jacksonville, FL 32250

Title: D

Calvert, Kathy
1307 River Hills Circle East #3
Jacksonville, FL 32211

Title: D

Kessler, Sandra
7171 Ramoth Drive
Jacksonville, FL 32226

Title: D

Neal, Darla
8116 Middle Fork Lane
Jacksonville, FL 32256