

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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	3. Date Incorporated or Qualified 01/19/1983	4. FEI Number 59-2249372	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
---	---	---	-----------------------------	---	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City 65 Zip Code FL
--	--

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN MD, J BROOKS 8998 SAN FERNANDO PLACE JACKSONVILLE, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, ANN 1046 LAS ROBIDA DR JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC EBBINGHOUSE, SUSAN 1738 SAN MARCO BLVD., #4 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MONTGOMERY, TED 933 GREENRIDGE RD JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMBRUSTER, JEAN 4021 RETFORD DR JACKSONVILLE FL 32225 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johnson, Davis M. 207 San Juan Drive Ponte Vedra, FL 32082

14. 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 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: *[Signature]* 4/24/98 904-391-1205
DATE DAYTIME PHONE # 000523

CR2E037 (10/97)

GENESIS COMMUNITY HEALTH SERVICES, INC.

The following are additions:

Title: D/S

Douglas M. Baer

2029 Marye Brant Loop, N.

Neptune Beach, FL 32266

Title: D/T

Timothy W. Reinschmidt

2221 Acornshell Court

Jacksonville, FL 32223