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Mar 17, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766695

1. Corporation Name  
GENESIS HEALTH DEVELOPMENT, INC.

Principal Place of Business  
3625 UNIVERSITY BLVD..S.  
JACKSONVILLE FL 32216  
US

Mailing Address  
3627 UNIVERSITY BLVD..S.  
SUITE 840  
JACKSONVILLE 32216



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3627 University Blvd., S	26		01/19/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 840	27		59-2249372	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Jacksonville, FL	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	32216	25			
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEIGER, ALLEN T. 1301 RIVERPLACE BLVD., SUITE 1500 ROGERS, TOWERS, BAILEY, JONES AND GAY JACKSONVILLE FL 32207				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN MD, J BROOKS			1.2 NAME			
STREET ADDRESS	6998 SAN FERNANDO PLACE			1.3 STREET ADDRESS	3627 University Blvd., S..		
CITY-ST-ZIP	JACKSONVILLE, FL 00000			1.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REINSCHMIDT, TIMOTHY W.			2.2 NAME			
STREET ADDRESS	2221 ACORNSHELL COURT			2.3 STREET ADDRESS	3627 University Blvd., S.		
CITY-ST-ZIP	JACKSONVILLE FL 32223			2.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAER, DOUGLAS M.			3.2 NAME			
STREET ADDRESS	2029 MARYE BRANT LOOP N			3.3 STREET ADDRESS	3627 University Blvd., S.		
CITY-ST-ZIP	NEPTUNE BEACH FL 32266			3.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	DP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DAVIS M.			4.2 NAME			
STREET ADDRESS	207 SAN JUAN DR			4.3 STREET ADDRESS	3627 University Blvd., S.		
CITY-ST-ZIP	PONTE VEDRA FL 32082			4.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	D		
STREET ADDRESS				5.3 STREET ADDRESS	Hutton, Donald H.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	3599 University Blvd., S.		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)

3/2/99

904-391-1205