

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 016 ****61.25

DOCUMENT # 766695

1. Entity Name
GENESIS HEALTH DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3627 UNIVERSITY BLVD., S SUITE 840 JACKSONVILLE FL 32216 US	Mailing Address 3627 UNIVERSITY BLVD.,S. SUITE 840 JACKSONVILLE 32216-7404 US
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2. Principal Place of Business 3599 University Blvd.,S Suite, Apt. #, etc. Suite B Jacksonville, FL	3. Mailing Address 3599 University Blvd.,S. Suite, Apt. #, etc. Suite B Jacksonville, FL
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4. FEI Number 59-2249372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**GEIGER, ALLEN T.
 1301 RIVERPLACE BLVD., SUITE 1500
 ROGERS, TOWERS, BAILEY, JONES AND GAY
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME DC BROWN MD, J BROOKS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216	
TITLE NAME DT REINSCHMIDT, TIMOTHY W.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216	
TITLE NAME DS BAER, DOUGLAS M.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP 3627 UNIVERSITY BLVD.,S JACKSONVILLE FL 32216	
TITLE NAME DP JOHNSON, DAVIS M.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216	
TITLE NAME D HUTTON, DONALD H	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP 3599 UNIVERSITY BLVD., S JACKSONVILLE FL 32216	
TITLE NAME 	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP 3599 University Blvd., S., Ste. B	
TITLE NAME D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP 3599 University Blvd., S., Ste.B	
TITLE NAME D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP 3599 University Blvd., S., Ste. B	
TITLE NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP 3599 University Blvd., S., Ste. B	
TITLE NAME D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP Cusick, W. Patrick 4827 Phillips Hwy. Jacksonville, FL 32207	

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 my address, with all other like empowered.

SIGNATURE: _____ DATE: **4/21/00** PHONE: **904-858-7474**

CR2E037 (9/99)

GENESIS HEALTH DEVELOPMENT, INC.

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0081664

Title: D

Selander, Guy T., M.D.
1731 University Blvd., S.
Jacksonville, FL 32216

Title: D

Chally, Pamela S., Ph.D., R.N.
12907 Huntley Manor Drive
Jacksonville, FL 32224

Title: D

Sneed, Gary W.
8949 Western Way, Suite 6
Jacksonville, FL 32256