

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90195 001 \*1,050.00

**DOCUMENT # 766695**

1. Entity Name

**GENESIS HEALTH DEVELOPMENT, INC.**

Principal Place of Business

**3599 UNIVERSITY BLVD. SOUTH SUITE B  
 JACKSONVILLE FL 32216  
 US**

Mailing Address

**3599 UNIVERSITY BLVD. SOUTH SUITE B  
 JACKSONVILLE FL 32216  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2249372**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN MD, J BROOKS</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD. SOUTH SUITE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>REINSCHMIDT, TIMOTHY W.</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD. SOUTH SUITE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BAER, DOUGLAS M.</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD. SOUTH SUITE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, DAVIS M.</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD. SOUTH SUITE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUTTON, DONALD H</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., S</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>CUSICK, PATRICK W</b>	
STREET ADDRESS	<b>4827 PHILLIPS HWY.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>10378 DEERWOOD CLUB Rd.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 904-858-7474

CR2E037 (9/01)

**Genesis Health Development, Inc.**  
**Continued**  
**April, 2002**

**The following are additions:**

**Title: D**

**Pamela S. Chally, Ph.D., R.N.** 12907 Huntley Manor Drive, Jacksonville Beach, FL 32250

**Title: D**

**Zachary R. Fields** 4020 Turnberry Ct., Jacksonville, FL 32225

**Title: D/VC**

**Guy Selander, M.D.** 1731 University Blvd., So., Jacksonville, FL 32216

**Title: D**

**Gary W. Sneed** 116 Carriage Lamp Way, Ponte Vedra Beach, FL 32082

**CORPORATE OFFICERS**

**Title: P**

**Douglas M. Baer** 77 Tallwood Road, Jacksonville Beach, FL 32250

**Title: VP**

**Zachary R. Fields** 4020 Turnberry Ct., Jacksonville, FL 32225

**Title: VP/S/T**

**Timothy W. Reinschmidt** 3599 University Blvd. Jacksonville Beach, FL 32216