

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766695

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: GENESIS HEALTH DEVELOPMENT, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2249372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SNEED, GARY W  
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DST (X) Delete  
Name: REINSCHMIDT, TIMOTHY W.  
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DC ( ) Delete  
Name: BAER, DOUGLAS M.  
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP ( ) Delete  
Name: SPIGEL, MICHAEL  
Address: 8631 SAN SERVERA DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCP (X) Change ( ) Addition  
Name: BAER, DOUGLAS M.  
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DST (X) Change ( ) Addition  
Name: SPIGEL, MICHAEL  
Address: 8631 SAN SERVERA DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS M. BAER

DCP

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date