


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90206 029 \*\*\*\*61.25

<b>DOCUMENT # 766695</b>					
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 - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
GEIGER, ALLAN T. 1301 RIVERPLACE BLVD., SUITE 1500 ROGERS, TOWERS, BAILEY, JONES AND GAY JACKSONVILLE, FL 32207			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNEED, GARY W	NAME			
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP			
TITLE	DCP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAER, DOUGLAS M.	NAME			
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPIGEL, MICHAEL	NAME			
STREET ADDRESS	8631 SAN SERVERA DRIVE EAST	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
TITLE	VP, S, TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Odin Berg	NAME			
STREET ADDRESS	3599 University Blvd., South	STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32216	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Odin Berg</u>		Odin Berg		04/25/08 (904) 858-7488	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Name</small>		<small>Date Daytime Phone #</small>	