

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90155 010 \*\*\*\*61.25

**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.

City & State

City & State

4. FEI Number **59-2249372**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GEIGER, ALLEN 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 \_\_\_\_\_ (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 Florida 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>D</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>DST</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>DC</b>	<input type="checkbox"/> Delete
NAME	<b>CUSICK, PATRICK W</b>	
STREET ADDRESS	<b>10378 DEERWOOD CLUB RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chally, Pamela S.</b>	
STREET ADDRESS	<b>12907 Huntley Manor Drive</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
TITLE	<b>VP/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fields, Zachary R.</b>	
STREET ADDRESS	<b>4020 Turnsbery Ct.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Selander, Guy</b>	
STREET ADDRESS	<b>1731 University Blvd., South</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sneed, Gary W.</b>	
STREET ADDRESS	<b>116 Carriage Lamp Way</b>	
CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</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: *Timothy W. Reinschmidt* **REINSCHMIDT**

4-21-03 904-858-7488

CR2E037 (10/02)