

**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	D	<input type="checkbox"/> Delete
NAME	BROWN MD, J BROOKS	
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	REINSCHMIDT, TIMOTHY W.	
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAER, DOUGLAS M.	
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CUSICK, PATRICK W	
STREET ADDRESS	10378 DEERWOOD CLUB RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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)