

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763488

**Entity Name:** THE GENESIS HEALTH FOUNDATION, INC.**Current Principal Place of Business:**3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216**Current Mailing Address:**3599 UNIVERSITY BLVD S  
JACKSONVILLE, FL 32216 US**FEI Number:** 59-2249340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRITCHARD, ROBERT H  
1301 RIVERPLACE BLVD  
SUITE 1500  
JACKSONVILLE, FL 32207 US*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**Officer/Director Detail :**

Title	DCP
Name	BAER, DOUGLAS M
Address	3599 UNIVERSITY BLVD. SOUTH
City-State-Zip:	JACKSONVILLE FL 32216

Title	DV
Name	SPIGEL, MICHAEL
Address	8631 SAN SERVERA DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32217

Title	D
Name	SNEED, GARY W
Address	305 MONTEREY VILLA COURT
City-State-Zip:	SAINT AUGUSTINE FL 32095

Title	SECRETARY/TREASURER
Name	HARDISON, JAMES
Address	3599 UNIVERSITY BLVD S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	JOHNSON, BRUCE M
Address	3599 UNIVERSITY BLVD S
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	SERKIN, HOWARD C
Address	3599 UNIVERSITY BLVD S
City-State-Zip:	JACKSONVILLE FL 32216

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS M. BAER**PRESIDENT****04/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date