2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766695

Entity Name: GENESIS HEALTH DEVELOPMENT, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD, SOUTH JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 US

FEI Number: 59-2249372 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312 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:

Address

Name

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2022

Secretary of State

4548195335CC

Officer/Director Detail :

Title DCP Title DIRECTOR

BAER, DOUGLAS M. Name Name JOHNSON, BRUCE

3599 UNIVERSITY BLVD. SOUTH 3599 UNIVERSITY BLVD. SOUTH Address Address

City-State-Zip: JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 City-State-Zip:

Title DIRECTOR, SECRETARY, Title DIRECTOR **TREASURER**

SERKIN, HOWARD Name

Name TABOR, J. BRITTON Address 3599 UNIVERSITY BLVD. SOUTH

3599 UNIVERSITY BLVD. SOUTH Address City-State-Zip: JACKSONVILLE FL 32216

City-State-Zip: JACKSONVILLE FL 32216

Title VP/D VP/D Title

Name ROBERTS, KRIS Name DERIENZO, VICTOR 3599 UNIVERSITY BLVD. SOUTH

Address 3599 UNIVERSITY BLVD. SOUTH JACKSONVILLE FL 32216 City-State-Zip:

City-State-Zip:

JACKSONVILLE FL 32216

Title DIRECTOR

3599 UNIVERSITY BLVD. SOUTH Address

MANN, ERIC

JACKSONVILLE FL 32216 City-State-Zip:

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.

04/26/2022 SIGNATURE: DOUGLAS M. BAER **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date