

2014 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:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD., SUITE 1500
ROGERS, TOWERS, BAILEY, JONES AND GAY
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 D
Name SNEED, GARY W
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

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 TREASURER
Name HARDISON, JAMES D
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title VC
Name JOHNSON, BRUCE
Address 3599 UNIVERSITY BLVD. SOUTH
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name SERKIN, HOWARD
Address 3599 UNIVERSITY BLVD. SOUTH
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: JAMES HARDISON

CONTROLLER

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date