

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033926

Entity Name: GENESISCARE USA, INC.**Current Principal Place of Business:**2270 COLONIAL BLVD
FORT MYERS, FL 33907**Current Mailing Address:**2270 COLONIAL BLVD
ATTN: TAX DEPARTMENT
FORT MYERS, FL 33907 US**FEI Number:** 65-0768951**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO, CHAIRMAN
Name COLLINS, DAN
Address 2270 COLONIAL BOULEVARD
City-State-Zip: FORT MYERS FL 33907

Title TREASURER
Name WOODWARD, ALLAN
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name COUNCIL, LAVERNE
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name HANSEN, KEITH
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name ROSENBAUGH, ERIC
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name CURRAN, WALLY
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT, CEO
Name MARTIN-CONSUEGRA, JORDI
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY, SVP
Name RATNER, ADAM
Address 2270 COLONIAL BLVD
City-State-Zip: FORT MYERS FL 33907

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM RATNER**SECRETARY****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date