

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763030 (4)

1. Corporation Name

MEMORIAL HEALTHCARE SYSTEM, INC.
GENESIS HEALTH, INC.

Principal Place of Business

Mailing Address

SUITE 810
3627 UNIVERSITY BOULEVARD S
JACKSONVILLE FL 32216

SUITE 810
3627 UNIVERSITY BOULEVARD S
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1982

3a. Date of Last Report
04/28/1994

4. FEI Number
59-2249370

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Suite 840
City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEIGER, ALLAN T.
1300 GULF LIFE DRIVE
% ROGERS, TOWERS, BAILEY, JONES AND GAY, P.A.
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd., Suite 1500

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CPD
BROWN, J BROOKS
6998 SAN FERNANDO PLACE
JACKSONVILLE, FL 00000

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition
700001468327
-04/28/95--01061--006
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SELANDER, GUY T.
1736 UNIVERSITY BLVD
JACKSONVILLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition
1731 University Blvd., South

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
MCGHEE, C. GRAHAM
6740 EPPING FOREST WAY N
JACKSONVILLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition
D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SHERMAN, FRANK
3521 POINT PLEASANT RD.
JACKSONVILLE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DUBOW, LAWRENCE
4144 SAN BERNADO DR.
JACKSONVILLE FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition
DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WILSON, NATHAN H.
657 OCEAN FRONT
ATLANTIC BCH. FL

☆

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition
51 Cat Road
Ponte Vedra Beach, FL 32082

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE:

James M. Baer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 701-391-1205
DATE

GENESIS HEALTH, INC.

The following are additions:

Title: V

**Baer, Douglas M.
2029 Marye Brant Loop, North
Neptune Beach, FL 32266**

Title: V/T

**Carroll, David W.
1207 Salt Creek Island Drive
Ponte Vedra Beach, FL 32082**

Title: D

**Cusick, W. Patrick
• 10378 Deerwood Club Road
Jacksonville, FL 32216**

Title: D

**Fields, Zachary R.
4020 Turnberry Court
Jacksonville, FL 32225**

Title: D

**Johnson, Davis M.
2204 The Woods Drive
Jacksonville, FL 32246**

Title: D/S

**Pearce, Herbert R., M.D.
3599 University Blvd., South
Jacksonville, FL 32216**

Title: D

**Sneed, Gary W.
116 Carriage Lamp Way
Ponte Vedra Beach, FL 32082**