

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90039 019 ****61.50

0005465

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 763030

1. Corporation Name
GENESIS HEALTH, INC.

Principal Place of Business SUITE 040 3627 UNIVERSITY BOULEVARD S JACKSONVILLE FL 32216	Mailing Address SUITE 040 3627 UNIVERSITY BOULEVARD S JACKSONVILLE FL 32216
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/28/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2249370
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GEIGER, ALLAN T. 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J BROOKS	1.2 NAME	
STREET ADDRESS	6998 SAN FERNANDO PLACE	1.3 STREET ADDRESS	3627 University Blvd., S.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELANDER, GUY T.	2.2 NAME	
STREET ADDRESS	1731 UNIVERSITY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, NATHAN H.	3.2 NAME	
STREET ADDRESS	51 CAT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, DOUGLAS M	4.2 NAME	
STREET ADDRESS	2029 MARYE BRANT LOOP N	4.3 STREET ADDRESS	3627 University Blvd., S.
CITY-ST-ZIP	NEPTUNE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 3/2/99 904-391-1205
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)

238142 - 90039-19
763030

GENESIS HEALTH, INC.

The following are additions:

Title: D

Busse, David H.
438 W. 67th Street
Jacksonville, FL 32208

Title: D

Cusick, W. Patrick
4827 Phillips Highway
Jacksonville, FL 32207

Title: D

Johnson, Bruce
121 W. Forsyth Street
Jacksonville, FL 32201

Title: D/S

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

Title: D

Perry, Thomas W., Jr.
4060 Southside Blvd.
Jacksonville, FL 32216

Title: D

Sneed, Gary W.
8948 Western Way, Suite 6
Jacksonville, FL 32256