

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90052 018 \*\*\*\*61.25

**DOCUMENT # 763030**

1. Entity Name  
**GENESIS HEALTH, INC.**

Principal Place of Business <b>SUITE 840          3627 UNIVERSITY BOULEVARD S          JACKSONVILLE FL 32216</b>	Mailing Address <b>SUITE 840          3627 UNIVERSITY BOULEVARD S          JACKSONVILLE FL 32216-7404</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3599 University Blvd., S.          Suite, Apt. #, etc.          Suite B          City &amp; State          Jacksonville, FL          Zip          32216</b>	3. Mailing Address <b>3599 University Blvd., S.          Suite, Apt. #, etc.          Suite B          City &amp; State          Jacksonville, FL          Zip          32216</b>
--	--

4. FEI Number <b>59-2249370</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GEIGER, ALLAN T.  
 1301 RIVERPLACE BLVD.  
 SUITE 1500  
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD BROWN, J BROOKS 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SELANDER, GUY T. 1731 UNIVERSITY BLVD JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, NATHAN H. 51 CAT ROAD PONTE VEDRA BEACH FL 32082</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BAER, DOUGLAS M 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C 3599 University Blvd., S., Ste. B</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3599 University Blvd., S., Ste. B</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Carter, W. Stanley P.O. Box 83 Jacksonville, FL 32219</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Chally, Pamela S. 12907 Huntley Manor Dr. Jacksonville, FL 32224</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/21/00** PHONE: **904-858-7474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)

743030  
B0081442

**GENESIS HEALTH, INC**

**The following are additions:**

**Title: D**

Busse, David H.  
4355 Galileo Avenue  
Jacksonville, FL 32210

**Title: D**

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

**Title: P/D**

Hutton, Donald H.  
3599 University Blvd., S.  
Jacksonville, FL 32216

**Title: D**

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

**Title: D/S**

Pearce, Herbert R., M.D.  
4903 River Basin Dr., S.  
Jacksonville, FL 32207

**Title: D**

Shad, Marilyn T.  
811 Point LaVista, N.  
Jacksonville, FL 32207

**Title: D**

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