

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

0012022

04-26-2001 90216 015 \*\*\*\*\*61.25

**DOCUMENT # 763030**

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

Principal Place of Business <b>3599 UNIVERSITY BLVD., S., STE B          JACKSONVILLE FL 32216</b>	Mailing Address <b>3599 UNIVERSITY BLVD., S., STE B          JACKSONVILLE FL 32216</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-2249370</b>	Applied For <input type="checkbox"/>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC BROWN, J BROOKS 3599 UNIVERSITY BLVD., S., STE B 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 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARTER, W S PO BOX 83 JACKSONVILLE FL 32219</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHALLY, PAMELA S 12907 HUNTLEY MANOR DR. JACKSONVILLE FL 32224</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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>7335 Thien</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

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: *Alfred M. Baer* Date: **4/20/01** Daytime Phone #: **904-858-7474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

attachment

**GENESIS HEALTH, INC**

**The following are additions:**

958135

# 763030

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