

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90195 001 *1,050.00

0004106

DOCUMENT # 763030
 1. Entity Name
GENESIS HEALTH, INC.

Principal Place of Business Mailing Address
3599 UNIVERSITY BLVD., S., STE B **3599 UNIVERSITY BLVD., S., STE B**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2249370** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** 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 _____

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	DC	<input type="checkbox"/> Delete
NAME	BROWN, J BROOKS	
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELANDER, GUY T.	
STREET ADDRESS	1731 UNIVERSITY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, NATHAN H.	
STREET ADDRESS	51 CAT ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BAER, DOUGLAS M	
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, W S	
STREET ADDRESS	PO BOX 83	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHALLY, PAMELA S	
STREET ADDRESS	12907 HUNTLEY MANOR DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7335 THIEN STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lists empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4/17/02 904-858-7474

CR2E037 (9/01)

Genesis Health, Inc.
Continued
April, 2002

The following are additions:

Title: D

David H. Busse

4355 Galileo Avenue, Jacksonville, FL 32210

Title: D

Patrick W. Cusick

10378 Deerwood Club Dr., Jacksonville, FL 32256

Title: D/VC

Guy Selander, M.D.

1731 University Blvd., So., Jacksonville, FL 32216

Title: D

Bruce M. Johnson

121 W. Forsyth St., Jacksonville, FL 32207

Title: D/S

Herbert R. Pearce, M.C.

4903 River Basin Dr.S., Jacksonville, FL 32207

Title: D

Merilyn T. Shad

811 Point La Vista,N., Jacksonville, FL 32207

Title: D/VC

Gary W. Sneed

116 Carriage Lamp Way, Ponte Vedra Beach, FL 32082

CORPORATE OFFICERS

Title: P

J. Brooks Brown, M.D.

3599 University Blvd., S. Ste. B, Jacksonville, FL 32216

Title: EVP/COO/Asst. S.

Douglas M. Baer

77 Tallwood Road, Jacksonville Beach, FL 32250

Title: S

Herbert R. Pearce. M.C.

4903 River Basin Dr., S. Jacksonville Beach, FL 32207