


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 044 ****61.25

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

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

14003157



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State	City & State
--------------	--------------

4. FEI Number 59-2249370	Applied For Not Applicable
-----------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BROWN, J BROOKS 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELANDER, GUY T. 1731 UNIVERSITY BLVD JACKSONVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSSE, DAVID H 4355 GALILEO AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BAER, DOUGLAS M 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, STANLEY W 7335 THIEN STREET JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALLY, PAMELA S 12907 HUNTLEY MANOR DR. JACKSONVILLE, FL 32224 <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	<input 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: *Timothy W. Reinhardt* *Timothy W. Reinhardt* 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14003157
176 3030

**ADDITIONAL BOARD OF DIRECTORS
FOR GENESIS HEALTH, INC.
2005**

Leave all Directors in your system from last year the same, except:

(new addresses)

Title: D & Vice Chairman
Name: Gary Sneed
3599 University Blvd., South, Suite B
Jacksonville, FL 32216

Title: D/T/CFO & Assistant Secretary
Name Timothy W. Reinschmidt
3599 University Blvd., South, Suite B
Jacksonville, FL 32216

Title: D This is the only new Board member since last year.
Name: Forrest Travis
3652 S. Third St.
Jacksonville Beach, FL 32250

Delete:

Fred C. Jackson, Jr.
W. Patrick Cusick (deceased)