

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90206 036 ****61.25

40089589



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				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-2249370			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GEIGER, ALLAN T. 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, CFO, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, J BROOKS		NAME	Odin Berg			
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B		STREET ADDRESS	3599 University Blvd South			
CITY-STATE-ZIP	JACKSONVILLE, FL 32216		CITY-STATE-ZIP	Jacksonville, FL 32216			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SELANDER, GUY T.		NAME	Thomas Brett, M.D.			
STREET ADDRESS	1731 UNIVERSITY BLVD		STREET ADDRESS	4500 San Pablo Road			
CITY-STATE-ZIP	JACKSONVILLE, FL		CITY-STATE-ZIP	Jacksonville, FL 32224			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSSE, DAVID H		NAME				
STREET ADDRESS	14627 CRYSTAL VIEW LN		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-STATE-ZIP				
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAER, DOUGLAS M		NAME				
STREET ADDRESS	3599 UNIVERSITY BLVD., S., STE B		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE, FL 32216		CITY-STATE-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, STANLEY W		NAME				
STREET ADDRESS	7335 THIEN STREET		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE, FL 32219		CITY-STATE-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHALLY, PAMELA S		NAME				
STREET ADDRESS	13121 VIA ROMA CT		STREET ADDRESS				
CITY-STATE-ZIP	JACKSONVILLE, FL 32224		CITY-STATE-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Odin Berg</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Odin Berg</u>		Date: <u>04/25/08</u> Daytime Phone #: <u>(904) 858-7488</u>			

ATTACHMENT

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#763030

**2008 - ADDITIONAL BOARD OF DIRECTORS
FOR GENESIS HEALTH, INC.**

(Most are in your system, but changes cannot be made online)

New Board Members since last filing:

Title: D

Name: Thomas Brott, M.D.

4500 San Pablo Road

Jacksonville, FL 32224

Title Changes since last filing:

Title: DP, CEO

Name: Douglas M. Baer

3599 University Blvd. S, Suite B

Jacksonville, FL 32216

Add:

Title: D, CFO, VP, Assist. Secretary, T

Name: Odin Berg

3599 University Blvd. South

Jacksonville, FL 32216

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**2008 - COMPLETE LIST OF BOARD OF DIRECTORS
FOR GENESIS HEALTH, INC.
(For Reference to Ensure Correct Filing Information)**

Title: DC
Name: Gary W. Sneed
3599 University Blvd. S, Suite B
Jacksonville, FL 32216

Title: D, Vice Chairman
Name: Bruce Johnson
12138 Mandarin Rd.
Jacksonville, FL 32223

Title: DS
Name: Stanley W. Carter
7335 Thien Street
Jacksonville, FL 32219

Title: DP, CEO
Name: Douglas M. Baer
3599 University Blvd. S, Suite B
Jacksonville, FL 32216

Title: D
Name: Ernest N. Brodsky
4268 Via Valencia Circle
Jacksonville, FL 32217

Title: D
Name: J. Brooks Brown, M.D.
3599 University Blvd. S, Suite B
Jacksonville, FL 32216

Title: D
Name: Karen M. Burdette
24315 Moss Creek Lane
Ponte Vedra Beach, FL 32082

Title: D
Name: David H. Busse
14627 Crystal View Lane
Jacksonville, FL 32250

Title: D
Name: Pamela S. Chally, Ph.D., R.N.
13121 Via Roma Ct.
Jacksonville, FL 32224

Title: D
Name: Lee Lomax
10063 Heather Lake Court W.
Jacksonville, FL 32256

Title: D
Name: Kerry Romesburg, Ph.D.
12538 Medinah Court
Jacksonville, FL 32225

Title: D
Name: Guy T. Selander, M.D.
1731 University Blvd
Jacksonville, FL 32216

Title: D
Name: Howard C. Serkin
712 Spinnakers Reach
Ponte Vedra Beach, FL 32082

Title: D
Name: Forrest Travis
3652 S. Third St
Jacksonville Beach, FL 32250

Title: COO
Name: Michael Spigel
3599 University Blvd. S, Suite B
Jacksonville, FL 32216

Title: D, CFO, VP, Assist. Secretary, T
Name: Odin Berg
3599 University Blvd., South
Jacksonville, FL 32216

Title: D
Name: Thomas Brott, M.D.
4500 San Pablo Road
Jacksonville, FL 32224