

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763030

FILED  
Apr 21, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD., S  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3599 UNIVERSITY BLVD., S  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-2249370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRITCHARD, ROBERT H  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC  
Name: SNEED, GARY  
Address: 3599 UNIVERSITY BLVD., S  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DPT  
Name: BAER, DOUGLAS M  
Address: 77 TALLWOOD ROAD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D  
Name: SERKIN, HOWARD  
Address: 712 SPINNAKERS REACH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVC  
Name: JOHNSON, BRUCE  
Address: 12138 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS  
Name: CARTER, STANLEY W  
Address: 7335 THIEN STREET  
City-St-Zip: JACKSONVILLE, FL 32219

Title: COO  
Name: SPIGEL, MICHAEL  
Address: 3599 UNIVERSITY BLVD S  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS M. BAER

DPT

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date