


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90155 011 \*\*\*\*61.25

**DOCUMENT # 763030**

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



Principal Place of Business      Mailing Address

**3599 UNIVERSITY BLVD., S., STE B  
JACKSONVILLE FL 32216**      **3599 UNIVERSITY BLVD., S., STE B  
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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, J BROOKS</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., S., STE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELANDER, GUY T.</b>	
STREET ADDRESS	<b>1731 UNIVERSITY BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, NATHAN H.</b>	
STREET ADDRESS	<b>51 CAT ROAD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BAER, DOUGLAS M</b>	
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., S., STE B</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, W S</b>	
STREET ADDRESS	<b>7335 THIEN STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHALLY, PAMELA S</b>	
STREET ADDRESS	<b>12907 HUNTLEY MANOR DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bussé, David H.</b>	
STREET ADDRESS	<b>4355 Galileo Avenue, Jax, FL 32210</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cusick, Patrick W.</b>	
STREET ADDRESS	<b>10378 Deerwood Club Dr</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Johnson, Bruce M.</b>	
STREET ADDRESS	<b>121 W. Forsyth Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE	<b>President and CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pearce, M.D., Herbert T.</b>	
STREET ADDRESS	<b>4903 River Basin Drive S.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shad, Merylyn T.</b>	
STREET ADDRESS	<b>811 Point La Vista N.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>	

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. King* **SECRETARY**

4-21-03 904-858-7488

CR2E037 (10/02)

ATTACHMENT

10086740

Doc # 763030

**Genesis Health, Inc.**

**Continued**

**April 2003**

**The following are additions:**

**Title: D/VC**

**Gary W. Sneed**

116 Carriage Lamp Way, Ponte Vedra Beach, FL 32082

**Title: D**

**Karen Burdette**

Burdette B2B, 10151 Deerwood Park Blvd., Bldg. 200, Suite 305  
Jacksonville, FL 32256

**Title: D**

**Ernie Brodsky**

4268 Via Valencia Circle, Jacksonville, FL 32217

**Title: D**

**Howard Serkin**

225 W. Water Street, Suite 1250, Jacksonville, FL 32202

**Title: CFO**

**Timothy W. Reinschmidt**

2836 Wood Valley Ct., Jacksonville, FL 32217