

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763488 (4)
1. Corporation Name

THE GENESIS HEALTH FOUNDATION, INC.



Principal Place of Business: 3627 UNIVERSITY BLVD., S. SUITE 500 JACKSONVILLE FL 32216
Mailing Address: 3627 UNIVERSITY BLVD., S. SUITE 640 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 05/28/1982
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2249340
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GEIGER, ALLAN T.
1301 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BROWN, J. BROOKS, M.D.	
STREET ADDRESS	6998 SAN FERNANDO DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, BERNARD W	
STREET ADDRESS	3219 OLD BARN E	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, DAVID W	
STREET ADDRESS	1207 SALT CREED ISLAND DR	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACKSON JR, FRED C.	
STREET ADDRESS	12284 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVIS M.	
STREET ADDRESS	2204 THE WOODS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABATE, M ANDREW	
STREET ADDRESS	134 NANDINA DR	
CITY-ST-ZIP	PONTE VEDRA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date
904-391-1205
Daytime Phone #

CR2E037 (12/95)

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THE GENESIS HEALTH FOUNDATION, INC.

The following are additions:

Title: D

Jackie Adams
181 Aldersgate Drive
Green Cove Springs, FL 32043

Title: D/T

Douglas M. Baer
2029 Marye Brant Loop, N.
Neptune Beach, FL 32266

Title: D

Bahri Georges, A., M.D.
6100 Kennerly Road
Jacksonville, FL 32216

Title: D

Eldanet Brewer
3346 Silver Palm Drive
Jacksonville Beach, FL 32250

Title: D

Daniel, Ruth
12851 Micanopy Lane
Jacksonville, FL 32223

Title: D

Decker, Gary A., M.D.
2931 DuPont Ave.
Jacksonville, FL 32217

Title: D

Houser, Franklin C., Jr.
5804 Cedar Oaks Drive
Jacksonville, FL 32210

Title: D

Martin, James R.
4057 Carmichael Ave.
Jacksonville, FL 32207

Title: D

Mathis, Donald C.
2145 Hawcrest Drive, E.
Jacksonville, FL 32259

Title: D

McCumber, Gary M.
8384 Baymeadows Road
Jacksonville, FL 32256

Title: D

Pearce, Frank W.
4105 London Road
Jacksonville, FL 32207

Title: D

Perry, Thomas W.
3317 Via De La Reina Street
Jacksonville, FL 32217

Title: D

Rosenblatt, Claire
611 Ponte Vedra Blvd., #126
Ponte Vedra Beach, FL 32082

Title: D

Shad, Marilyn T.
811 Point LaVista, N.
Jacksonville, FL 32207

Title: D

Sherrer Linda H.
100 Twelve Oaks Lane
Ponte Vedra Beach, FL 32082

Title: D

Shields, Paul J.
6660 Epping Forrest Way, N.
Jacksonville, FL 32217

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THE GENESIS HEALTH FOUNDATION, INC. - CONT'D.

Title: D

Sneed, Gary W.
116 Carriage Lamp Way
Ponte Vedra Beach, FL 32082

Title: D

Sullivan, Michael A.
188 Coastal Oak Circle
Ponte Vedra Beach, FL 32082

Title: D

Wilson, S. Kenneth
3599 University Blvd., South
Jacksonville, FL 32216

Title: D

Wright, Phillip E.
3556 Silvery Lane
Jacksonville, FL 32217