

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
**9627 UNIVERSITY BLVD., S.
SUITE 500
JACKSONVILLE FL 32216** **3627 UNIVERSITY BLVD., S.
SUITE 840
JACKSONVILLE FL 32216-7433**

3. Date Incorporated or Qualified **05/28/1982** 3a. Date of Last Report **03/15/1996**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite #840** 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	207 San Juan Drive
3.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	42 Tifton Way, S.
4.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
5.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Baer, Douglas M.
5.3 STREET ADDRESS	2029 Marye Brant Loop, N.
5.4 CITY-ST-ZIP	Neptune Beach, FL 32266
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bahri, Georges A., M.D.
6.3 STREET ADDRESS	6100 Kennerly Rd.
6.4 CITY-ST-ZIP	Jacksonville, FL 32216

14. I do 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 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.

CP2E037 (9/96)

Handwritten signatures and dates: **2/2/97** 904-291-1205

THE GENESIS HEALTH FOUNDATION, INC.

The following are additions:

Title: D

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

Title: D

Brewer, Eldanet
3346 Silver Palm Drive
Jacksonville Beach, FL 32250

Title: D

Carroll, David W.
1207 Salt Creek Island Dr.
Ponte Vedra Beach, FL 32082

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 Hawkecrest Drive, E.
Jacksonville, FL 32259

Title: D

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

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

Title: D/C

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

Ward, Sue
2313 Brest Rd.
Jacksonville, FL 32216

Title: D

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

Title: D

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