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(((H20000286644 3)))



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To:

Division of Corporations

: (850)617-6380

From:

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;;

: URS AGENTS LLC Account Name Account Number : I20150000127 : (800)567-4397

Fax Number

: (800)567-4398

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

monica.walker@brooksrehab.org Email Address:

REGISTERED AGENT CHANGE GENESIS HEALTH DEVELOPMENT, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

GENESIS HEALTH DEVELOPMENT, INC.

Name of Corporation

766695

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Walker

Name of Contact Person

Genesis Health Development, Inc

Firm/Company

3599 UNIVERSITY BLVD. South

JACKSONVILLE, FL 32216
City/State and Zip Code

Monica, Walker@Brooksrehab.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathv

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

(((H20000286644 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	pravisions of sections 607.0502, 617.0502, 607.1508; or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Genesis Health Development, Inc.	
2. The principa	l office address: 3599 UNIVERSITY BLVD. South, JACKSONVILLE, FL	32216
3. The mailing	address (if different):	
4, Date of incom	rporation/qualification: 01/19/1983 Document number: 766695	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	PASCOE, BEVERLY A	
	1301 RIVERPLACE BLVD, SUITE 1500	
	JACKSONVILLE, FL 32207	2(
6. The name an (if changed):	d street address of the new registered agent (if changed) and for registered office) AUG I
	URS AGENTS, LLC	19
	3458 LAKESHORE DRIVE	当
	P.O. Box NOT acceptable	: <u> </u>
	TALLAHASSEE, FL 32312	
	ess of its registered office and the street address of the business office of its registered age I be identical.	nt,
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	In Pre Dona Baer President	_
11-	the appointment as registered agent and garage to act in this canacity.	
i further agree performance o	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered in the complete of the conference of the registered office address.	
agent. Or, if the hereby confirm	nis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Kath	MANUTE OF Regustered Agents Date	,
If signing on b	enalf of an entity:	
	rk, Assistant Secretary Typed or Printed Name	
1	* * * FILING FEE: \$35.00 * * *	
	TO THE PARTY OF CHARLES AND THE CONTRACT OF CHARLES	

MAKE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)