FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766696 (9)

1. Corporation Name

~~MHS SUPPORT SYSTEMS, INC.~~
GENESIS SUPPORT SYSTEMS, INC.

Principal Place of Business	Mailing Address
% ALLAN T. GEIGER 1300 GULF LIFE DRIVE, STE 1500 JACKSONVILLE FL 32207-6020	% ALLAN T. GEIGER 1300 GULF LIFE DRIVE, STE 1500 JACKSONVILLE FL 32207-6020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1983
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2249338 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3627 University Blvd., S	26 3627 University Blvd., S.
Suite, Apt. #, etc. 22 Suite 840	Suite, Apt. #, etc. 27 Suite 840
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32216 / 25	Zip / Country 29 32216 / 30

9. Name and Address of Current Registered Agent

GEIGER, ALLAN T.
1300 GULF LIFE DR.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd., Suite 1500
83 Rogers, Towers, Bailey, Jones & Gay
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE * _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, J. BROOKS, M.D.	1.2 NAME	100001468331
STREET ADDRESS	6998 SAN FERNANDO PLACE	1.3 STREET ADDRESS	-04/28/95--01061--008
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	WILSON, NATHAN	2.2 NAME	
STREET ADDRESS	675 OCEAN FRONT	2.3 STREET ADDRESS	51 Cat Road
CITY-ST-ZIP	ATLANTIC BCH, FL 00000	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	D	3.1 TITLE	DS ☒ Change ☐ Addition
NAME	FIELDS, ZACHARY R	3.2 NAME	
STREET ADDRESS	4020 TURNBERRY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DUBOW, LAWRENCE	4.2 NAME	
STREET ADDRESS	4144 SAN BERNARDO DRIVE	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DP ☒ Change ☐ Addition
NAME	CARROLL, DAVID W.	5.2 NAME	
STREET ADDRESS	1207 SALT CREEK ISLAND	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONT VEDRA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	V ☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Baer, Douglas M.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2029 Marye Brant Loop, N.
			Neptune Beach, FL

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)(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.

SIGNATURE: Douglas M. Baer 4/5/95 904-341-1205
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001463