FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DEVISION OF CORPORATIONS **1996**3 \5 9(766696 DOCUMENT # GENESIS SUPPORT SYSTEMS, INC. Mailing Address Principal Place of Business 3627 UNIVERSITY BLVD. SOUTH 3627 LINIVERSITY BLVD. SOUTH SUITE 840 SUITE 840 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 3a. Date of Last Report JACKSONVILLE FL 32216 04/26/1995 01/19/1983 Applied For 4. FELNumber 2a. Mailing Address 2. Principal Place of Business 59-2249338 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Ζıp Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 GEIGER, ALLAN T. 1301 RIVERPLACE BLVD. SUITE 1500 83 ROGERS, TOWERS, BAILEY, JONES & GAY 85 Zip Code JACKSONVILLE FL 32207 84 City 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. [iA]L SIGNATURE (NOTE: Registered Agent's gnature required whan reinstating) Signature, typed or printed name of regetered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change DELETE 1.1 TITLE TITLE 1.2 NAME BROWN, J. BROOKS, M.D. NAME 1.3 STREET ADDRESS 6998 SAN FERNANDO PLACE STREET ADDRESS 1.4 CITY - ST - ZIP JACKSONVILLE FL CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME WILSON, NATHAN NAME 2.3 STREET ADDRESS 51 CAT ROAD STREET ADDRESS PONTE VERDE BEACH FL 32082 2 4 CITY - S! - 7IP CITY - ST - ZIP ☐ Addition ☐ Change XXDELETE 3.1 TITLE TITLE 3.2 NAME FIELDS, ZACHARY R NAME 3.3 STREET ADDRESS 4020 TURNBERRY COURT STREET ADORESS 3 4 CITY-ST-ZIP JACKSONVILLE FL CITY - ST - 2IP ■ Addition XXOELETE 4.1 TIFLE DP TITLE 4 2 NAME CARROLL, DAVID W. NAME 1207 SALT CREEK ISLAND 4.3 STREET ADDRESS STREET ADORESS 4 4 CITY - ST - ZIP PONT VEDRA BEACH FL CITY - ST - ZIP Addition XX Change D/V/S DELETE 5.1 TiTLE TITLE BAER, DOUGLAS M 5.2 NAME NAME 5.3 STREET ADDRESS 2029 MARYE BRANT LOOP, N STREET ADDRESS 5.4 C(TY+ST-Z)P **NEPTUNE FL** AAddition CITY - ST - ZIP ___ Change DELETE 6.1 THEF TITLE

6.2 NAME

63 STREET ADDRESS

Sneed, Gary W.

116 Carriage Lamp Way

SIGNATURE:

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

11. Carriage Lamp Way

64 CITY-ST-ZIP

Ponte Vedra Eeach, FL 32082

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 20 or only an attachment with an address.

(12/95)CR2E037 766696

GENESIS SUPPORT SYSTEMS, INC.

The following is an addition:

Title: D
Busse, David H.
11 Spyglass Lane
Ponte Vedra Beach, FL 32082