

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90039 023 ****61.50

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DOCUMENT # 766696

1. Corporation Name

GENESIS SUPPORT SYSTEMS, INC.

Principal Place of Business

3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/19/1983

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

9. Name and Address of Current Registered Agent

GEIGER, ALLAN T.
1301 RIVERPLACE BLVD. SUITE 1500
ROGERS, TOWERS, BAILEY, JONES & GAY
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 DCV ☐ DELETE

NAME BROWN, J. BROOKS, M.D.
STREET ADDRESS 6998 SAN FERNANDO PLACE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME WILSON, NATHAN
STREET ADDRESS 51 CAT ROAD
CITY-ST-ZIP PONTE VERDE BEACH FL 32082

TITLE D ☐ DELETE

NAME SNEED, GARY W
STREET ADDRESS 116 CARRIAGE LAMP WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE DPS ☐ DELETE

NAME BAER, DOUGLAS M
STREET ADDRESS 2029 MARYE BRANT LOOP, N
CITY-ST-ZIP NEPTUNE FL

TITLE D ☐ DELETE

NAME BUSSE, DAVID H.
STREET ADDRESS 11 SPYGLASS LANE
CITY-ST-ZIP PONTE VERDE BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3627 University Blvd., S.
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 8948 Western Way, Ste. 6
3.4 CITY-ST-ZIP Jacksonville, FL 32256

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 3627 University Blvd., S.
4.4 CITY-ST-ZIP Jacksonville, FL 32216

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 438 W. 67th Street
5.4 CITY-ST-ZIP Jacksonville, FL 32208

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS DVT
6.4 CITY-ST-ZIP Reinschmidt, Timothy W.
3627 University Blvd., S.
Jacksonville, FL 3221

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/99 904-391-1205

Daytime Phone #

CR2E037 (11/98)