

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766789

1. Entity Name

GENESIS HEALTH CARE, INC.

Principal Place of Business

9715 SW 142 DR.
MIAMI FL 33176

Mailing Address

9715 SW 142 DR.
MIAMI FL 33176-6741

2. Principal Place of Business

4712 Pepper Bush Lane

Suite, Apt. #, etc.

3. Mailing Address

4712 Pepper Bush Lane

Suite, Apt. #, etc.

City & State

Boynton Beach, FL.

Zip

33436

Country

City & State

Boynton Beach, FL.

Zip

33436

Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

CORPORATION COMPANY OF MIAMI
1000 SOUTHEAST BANK BUILDING
MIAMI FL 33131

4. FEI Number

59-2294863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete

NAME EBERST, ROBERT C.
STREET ADDRESS 9715 S.W. 142ND DRIVE
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete

NAME FROST, GORDON W.
STREET ADDRESS 9311 N.W. 38 PL.
CITY-ST-ZIP SUNRISE FL

TITLE VD ☐ Delete

NAME EBERST, ROBERT B.
STREET ADDRESS 5318 JOG LANE
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 4712 Pepper Bush Lane
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 4712 Pepper Bush Lane
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert C. Eberst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000 561-752-4960

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90015 013 ****61.25



DO NOT WRITE IN THIS SPACE