

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90186 001 ***306.25

DOCUMENT # F89448

1. Entity Name

GENESIS MANAGEMENT SERVICES, INC.

Principal Place of Business

**3599 UNIVERSITY BLVD. SOUTH SUITE B
 JACKSONVILLE FL 32216**

Mailing Address

**3599 UNIVERSITY BLVD. SOUTH SUITE B
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2183211**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, ALLAN T.

1301 RIVERPLACE BLVD. SUITE 1500

ROGERS, TOWERS, BAILEY, JONES & GAY

JACKSONVILLE FL 32207

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **FIELDS, ZACHARY**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D/C/P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4020 TURNberry CT.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **DSTV** ☐ Delete
 NAME **BAER, DOUGLAS M.**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D/V** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BROWN, J. BROOKS M.D.**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DC** ☒ Delete
 NAME **JOHNSON, BRUCE M**
 STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
 CITY-ST-ZIP **JACKSONVILLE FL 32201**

TITLE **DST** ☐ Change ☒ Addition
 NAME **Timothy Reinschmidt**
 STREET ADDRESS **2836 Wood Valley Court**
 CITY-ST-ZIP **Jacksonville, FL. 32217**

TITLE **D** ☒ Delete
 NAME **BUSSE, DAVID H**
 STREET ADDRESS **4355 GALILEO AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **RITCH, JOHN**
 STREET ADDRESS **3901 UNIVERSITY BLVD S**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/02 904-858-7474

CR2E034 (9/01)

Genesis Management Services, Inc.

The following are additions:

Title: D

Carter, Stanley W.
7335 Thien Street
Jacksonville, FL 32219

Title: D

Chally, Pamela S., Ph.D., R.N.
12907 Huntley Manor Dr.
Jacksonville, FL 32224

Title: D

Pearce, Herbert R., M.D.
4903 River Basin Drive, S.
Jacksonville, FL 32207

Title: D/S/T/V

Reinschmidt, Timothy W.
3599 University Blvd., S.
Jacksonville, FL 32216