

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F89448

FILED
Apr 26, 2005
Secretary of State

Entity Name: GENESIS MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2183211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEIGER, ALLAN T.
1301 RIVERPLACE BLVD. SUITE 1500
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: BAER, DOUGLAS M.,
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BROWN, J. BROOKS M.D.
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B
City-St-Zip: JACKSONVILLE, FL

Title: DSTV () Delete
Name: REINSCHMIDT, TIMOTHY
Address: 2836 WOOD VALLEY CT.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSTV (X) Change () Addition
Name: REINSCHMIDT, TIMOTHY
Address: 3599 UNIVERSITY BVD., SOUTH, SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W. REINSCHMIDT

DSTV

04/26/2005

Electronic Signature of Signing Officer or Director

Date