

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90005 010 ****50.00

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1. Entity Name
**GENESIS HEALTH AND FITNESS MANAGEMENT
COMPANY, L.L.C.**



Principal Place of Business

**64 SOUTH FEDERAL HIGHWAY
BOCA RATON, FL 33432**

Mailing Address

**64 SOUTH FEDERAL HIGHWAY
BOCA RATON, FL 33432**

20 EAST ROYAL PALM RD SUITE C 20 EAST ROYAL PALM RD SUITE C



01272004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1151550

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAPAMICHAEL, FOTIS
1560 S.W. 19TH ST.
BOCA RATON, FL 33486**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAPAMICHAEL, FOTIS
64 SOUTH FEDERAL HIGHWAY 20 EAST ROYAL PALM
BOCA RATON, FL 33432 ROAD SUITE C**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
BRETT RABBIT
20 EAST ROYAL PALM RD SUITE C
BOCA RATON FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Fotis Papamichael*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

✓ 4/19/04

✓ (561) 417-2901