FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006015 (1)

1. Corporation Name

~~NEW REHABILITATION HOSPITAL, INC.~~

GENESIS REHABILITATION HOSPITAL, INC.

Principal Place of Business: 3599 UNIVERSITY BOULEVARD SOUTH, JACKSONVILLE FL 32216

Mailing Address: 3599 UNIVERSITY BOULEVARD SOUTH, JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1994

3a. Date of Last Report:

4. FEI Number: 59-3284221 | 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 3627 University Blvd.,S.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Suite 840
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, M. KAMI
3627 UNIVERSITY BOULEVARD SOUTH
SUITE 810
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Geiger, Allan T.
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd., Suite 1500
83 Rogers, Towers, Bailey, Jones & Gay
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] (Registered agent signature) DATE: 3/29/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, J. BROOKS	1.2 NAME	900001468329
STREET ADDRESS	3627 UNIVERSITY BLVD S, SUITE 830	1.3 STREET ADDRESS	-04/28/95--01061--007
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	CARTER, STANLEY	2.2 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD S, SUITE 830	2.3 STREET ADDRESS	5243 Beach Boulevard
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	HUSSAIN, JAWED	3.2 NAME	
STREET ADDRESS	3901 UNIVERSITY BLVD S, SUITE 103	3.3 STREET ADDRESS	3901 University Blvd., S., Suite 301
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, NATHAN H	4.2 NAME	
STREET ADDRESS	51 CAT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SNEED, LYNNE	5.2 NAME	
STREET ADDRESS	116 CARRIAGE LAMP WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, GRAHAM	6.2 NAME	
STREET ADDRESS	6740 EPPING FOREST WAY N, VILLA 114	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/5/95 Daytime Phone: [illegible]

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GENESIS REHABILITATION HOSPITAL, INC.

The following are additions:

Title: T
Carroll, David W.
3627 University Blvd., S., Suite 105
Jacksonville, FL 32216

Title: S
Johnson, Bruce
121 W. Forsyth Street
Jacksonville, FL 32201

Title: D
Johnson, Davis M.
301 West Bay St., Suite 2600
Jacksonville, FL 32202

Title: D
Pearce, Herbert R., M.D.
3599 University Blvd., South
Jacksonville, FL 32216

Title: P
Wilson, Stephen K.
3599 University Boulevard, South
Jacksonville, FL 32216