

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000006015 (1)  
1. Corporation Name

GENESIS REHABILITATION HOSPITAL, INC.



Principal Place of Business

Mailing Address

3599 UNIVERSITY BOULEVARD SOUTH  
JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD.  
SUITE 840  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified  
12/08/1994

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3284221

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEIGER, ALLAN T  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE FL 32207

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BROWN, J. BROOKS  
STREET ADDRESS 3627 UNIVERSITY BLVD S, SUITE 830  
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CARTER, STANLEY  
STREET ADDRESS 5243 BEACH BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HUSSAIN, JAWED  
STREET ADDRESS 3901 UNIVERSITY BLVD S, SUITE 301  
CITY-ST-ZIP JACKSONVILLE FL 32216

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE C ☐ DELETE  
NAME WILSON, NATHAN H  
STREET ADDRESS 51 CAT ROAD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

4.1 TITLE D/C ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SNEED, LYNNE  
STREET ADDRESS 116 CARRIAGE LAMP WAY  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MCGEEHEE, GRAHAM  
STREET ADDRESS 6740 EPPING FOREST WAY N, VILLA 114  
CITY-ST-ZIP JACKSONVILLE FL 32217

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)

N94000006015

**GENESIS REHABILITATION HOSPITAL, INC.**

**The following are additions:**

**Title:D/T**

Douglas M. Baer  
2029 Marye Brant Loop, N.  
Neptune Beach, FL 32266

**Title:D**

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

**Title:D/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:D/P**

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