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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006015 (1)**

1. Corporation Name

GENESIS REHABILITATION HOSPITAL, INC.



Principal Place of Business 3500 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216	Mailing Address 3627 UNIVERSITY BLVD. SUITE 840 JACKSONVILLE FL 32216
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/08/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3284221	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, J. BROOKS
STREET ADDRESS	3627 UNIVERSITY BLVD S, SUITE 830
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D <input type="checkbox"/> DELETE
NAME	CARTER, STANLEY
STREET ADDRESS	5243 BEACH BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D <input type="checkbox"/> DELETE
NAME	HUSSAIN, JAWED
STREET ADDRESS	3901 UNIVERSITY BLVD S, SUITE 301
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	DC <input type="checkbox"/> DELETE
NAME	WILSON, NATHAN H
STREET ADDRESS	51 CAT ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SNEED, LYNN
STREET ADDRESS	116 CARRIAGE LAMP WAY
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P. O. Box 83 - N/A
2.4 CITY-ST-ZIP	Jacksonville, FL 32219
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3901 University Blvd., S. Ste.103
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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]*

4/24/98 904-391-1205

CR2E037 (10/97)

GENESIS REHABILITATION HOSPITAL, INC.

The following are additions:

Title:T

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

Title:D/S

**Johnson, Bruce
121 W. Forsyth Street
Jacksonville, FL 32201**

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**