1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000006015

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

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90039 020 ****61.50



		JACKSONVILLE FL 32216			1 (49)(1) \$15 (2)(100)			
Principal Pl	lace of Business	2a. Mailing Address		3. Date incorporated or Qualifed 12/08/1994				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For
		27			59-3284221		Not	Applicable
City & State	6	City & State			5. Certificate of Status Desired			_
		28			or Cornicate or Citato Doored		Fee Red	uired
Zip	Country	Zip	Country	1	Election Campaign Financing	п	•	
	25	29 3	0		Trust Fund Contribution			Fees
	9. Name and Address of Current	Registered Agent		 _	10. Name and Address of New Re	gistered Ag	ent	
			81	Name				
GEIGER, ALLAN T					ress (P.O. Box Number is Not Acceptab	ө)		
						_		
				1	•			Ì
JACKSONVILLE FL 32207			84	City		Fi	85 Zip C	ode
	4- 4 d-l 60- done 617 0500	and 617 1609. Elorido Statutos	the abov	e-named com	poration submits this statement for the pr	rpose of ch	anging its	registered
office or r	waistered agent or both in the State o	f Florida. Such change was aut	norizea ov	the corporau	on's board of directors. I hereby accept	the appointm	nent as reg	istered
GNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	tegistered Age	int signature require		DATE		
			13.		ADDITIONS/CHANGES TO OFFI	_		
.E	D	☐ DELETE	1.1 TITLE	-			Change	☐ Addition
Æ	BROWN, J. BROOKS		1.2 NAME					1
EET ADDRESS	1	E 830	1.3 STREE	T ADDRESS				
Y-ST-ZIP			1.4 CITY-5	ST-ZIP		_		
£	D	☐ DELETE	2.1 TITLE				Change	Addition
AE .	CARTER STANLEY					-	_1 Onlango	
	LUARIER, STANLET		2.2 NAME	,		_	_1 Outside	
EET ADDRESS	CARTER, STANLEY P O BOX 83 N/A			ET ADDRESS		•	⊒ Outuriĝo	
REET ADDRESS	P O BOX 83 N/A							
REET ADDRESS Y-ST-ZIP E	I	☑ DELETE	2.3 STREE				Change	☐ Addition
Y-ST-ZIP E	P O BOX 83 N/A JACKSONVILLE FL 32219 D	⊠ DELETE	2.3 STREE			[☐ Addition
Y-ST-ZIP .e Me	P O BOX 83 N/A JACKSONVILLE FL 32219 D HUSSAIN, JAWED		2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME					☐ Addition
Y-ST-ZIP .E AE REET ADDRÉSS	P O BOX 83 N/A JACKSONVILLE FL 32219 D HUSSAIN, JAWED 3901 UNIVERSITY BLVD S #103		2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP		[Addition
Y-ST-ZIP .e Me	P O BOX 83 N/A JACKSONVILLE FL 32219 D HUSSAIN, JAWED 3901 UNIVERSITY BLVD S #103 JACKSONVILLE FL 32216		2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP				☐ Addition
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	Suite, Apt. City & Stat Zip SEIGER, / I301 RIVE SUITE 150 ACKSON Pursuant office or r agent. 1 a SNATURE E E E E E E E E E E E E	9. Name and Address of Current SEIGER, ALLAN T 301 RIVERPLACE BLVD. SUITE 1500 ACKSONVILLE FL 32207 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the sta	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Zip Zip Zip Zip Zip Zip Zi	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Zip Country 25 9. Name and Address of Current Registered Agent SEIGER, ALLAN T 301 RIVERPLACE BLVD. SUITE 1500 MACKSONVILLE FL 32207 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. BE BROWN, J. BROOKS 12. NAME 12. NAME 13. STREE 14. CITY-S	Suite, Apt. #, etc. Suite, Apt. #, etc.	26 12/08/1994	12/08/1994 12/	Suite, Apt. #, etc. Sp-3284221 Not Not Sp-3284221 Suite, Apt. #, etc. Sp-3284221 Sp-3284221

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 twelve empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NUME AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

904-391-1205

038143-40039-20 N94000006015

GENESIS REHABILITATION HOSPITAL, INC.

The following are additions:

Title:D/T

Baer, Douglas M. 3627 University Blvd., S. Jacksonville, FL 32216

Title:D/P

Hutton, Donald H. 3599 University Blvd., S. Jacksonville, FL 32216

Title:D

Johnson, Adrian, M.D. 3901 University Blvd., S., Ste. 103 Jacksonville, FL 32216

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