


FILE NOW: FILING FEE IS \$61.25

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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000006015</b>					
1. Corporation Name <b>GENESIS REHABILITATION HOSPITAL, INC.</b>					
Principal Place of Business 3599 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32216			Mailing Address 3627 UNIVERSITY BLVD. SUITE 840 JACKSONVILLE FL 32216		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/08/1994 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	
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9. Name and Address of Current Registered Agent <b>GEIGER, ALLAN T</b> <b>1301 RIVERPLACE BLVD.</b> <b>SUITE 1500</b> <b>JACKSONVILLE FL 32207</b>				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

Signature, typed or printed name of registered agent and title 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J. BROOKS	1.2 NAME	
STREET ADDRESS	3627 UNIVERSITY BLVD S, SUITE 830	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, STANLEY	2.2 NAME	
STREET ADDRESS	P O BOX 83 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSAIN, JAWED	3.2 NAME	
STREET ADDRESS	3901 UNIVERSITY BLVD S #103	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, NATHAN H	4.2 NAME	
STREET ADDRESS	51 CAT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNEED, LYNNE	5.2 NAME	
STREET ADDRESS	116 CARRIAGE LAMP WAY	5.3 STREET ADDRESS	8948 Western Way, Ste. 6
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-391-1205

CR2E037 (11/98)

038143-40039-20  
N940000000015

**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