

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000006015**

1. Entity Name

GENESIS REHABILITATION HOSPITAL, INC.**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90052 017 ****61.25

Principal Place of Business

Mailing Address

**3599 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216****3627 UNIVERSITY BLVD.
SUITE 840
JACKSONVILLE FL 32216-7404**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3599 University Blvd., S.

Suite, Apt. #, etc.

City & State

**Suite B
Jacksonville, FL**

4. FEI Number

59-3284221

Applied For

Not Applicable

Zip

Country

Zip

Country

322165. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	BROWN, J. BROOKS	3627 UNIVERSITY BLVD S, SUITE 830 JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	D	CARTER, STANLEY	P O BOX 83 N/A JACKSONVILLE FL 32219	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete	D	HUSSAIN, JAWED	3901 UNIVERSITY BLVD S #103 JACKSONVILLE FL 32216	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	DC	WILSON, NATHAN H	51 CAT ROAD PONTE VEDRA BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete	D	SNEED, LYNNE	8948 WESTERN WAY, STE 6 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D/P	Schauer, Charles Ph.D.	3599 University Blvd., S. Jacksonville, FL 32216	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

904-858-7474

Daytime Phone #

CR2E037 (9/99)

GENESIS REHABILITATION HOSPITAL, INC.

N 9400000645
00081463

The following are additions:

Title:D/T

Baer, Douglas M.
3599 University Blvd., S.
Jacksonville, FL 32216

Title:D

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

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

Title: D

Pearce, Herbert R., M.D.
4903 River Basin Dr., S.
Jacksonville, FL 32207

Title: D

Shad, Marilyn T.
811 Point LaVista, N.
Jacksonville, FL 32207

Title: D

Stewart, Deborah, M.D.
3599 University Blvd., S.
Jacksonville, FL 32216