

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90216 012 *****61.25

0011911

DOCUMENT # N94000006015

1. Entity Name

GENESIS REHABILITATION HOSPITAL, INC.

Principal Place of Business

Mailing Address

**3599 UNIVERSITY BLVD. SOUTH SUITE B
 JACKSONVILLE FL 32216**

**3599 UNIVERSITY BLVD. SOUTH SUITE B
 JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3284221

Applied For

Not Applicable

5. 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

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

Name

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

City

FL

Zip Code

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	D BROWN, J. BROOKS 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, STANLEY P O BOX 83 N/A JACKSONVILLE FL 32219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WILSON, NATHAN H 51 CAT ROAD PONTE VEDRA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SNEED, LYNNE 8948 WESTERN WAY, STE 6 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAUER, CHARLES PHD. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7335 Thien	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	116 Carriage Lamp Way Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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

4/20/01

Date

904-858-7474

Daytime Phone #

CR2E037 (10/00)

GENESIS REHABILITATION HOSPITAL, INC.

Attachment
958138
#N94000006015

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

Title:D

Nabizadeh, Shahriar, M.D.
3599 University Blvd., S.
Jacksonville, FL 32216

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