

2002 UNIFORM BUSINESS REPORT (UBR)

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	D	<input type="checkbox"/> Delete
NAME	BROWN, J. BROOKS	
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, STANLEY	
STREET ADDRESS	7335 THIEN	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
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, LYNNE	
STREET ADDRESS	116 CARRIAGE LAMP WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHAUER, CHARLES PHD.	
STREET ADDRESS	3599 UNIVERSITY BLVD. SOUTH SUITE B	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAER, Douglas	
STREET ADDRESS	3599 UNIVERSITY BLVD., S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90195 001 *1,050.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

4/17/02 904-858-7474