

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006015

FILED
Apr 14, 2004
Secretary of State**Entity Name:** GENESIS REHABILITATION HOSPITAL, INC.**Current Principal Place of Business:**3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216**New Principal Place of Business:****Current Mailing Address:**3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216**New Mailing Address:****FEI Number:** 59-3284221**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GEIGER, ALLAN T
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, J. BROOKS
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: CARTER, STANLEY
Address: 7335 THIEN
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: JOHNSON, BRUCE M
Address: 121 W. FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS () Delete
Name: SNEED, LYNNE
Address: 116 CARRIAGE LAMP WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DP () Delete
Name: SCHAUER, CHARLES PHD.
Address: 3599 UNIVERSITY BLVD. SOUTH SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT () Delete
Name: BAER, DOUGLAS
Address: 3599 UNIVERSITY BLVD., S
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: JOHNSON, BRUCE M
Address: 12138 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAER, DOUGLAS
Address: 3599 UNIVERSITY BLVD., S
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SCHAUER, PHD

DP

04/14/2004

Electronic Signature of Signing Officer or Director

Date

DEBORAH STEWART, M.D.
3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE, FL 32216

SHAHRIAR NABIZADEH, M.D.
8787 SOUTHSIDE BLVD., #6306
JACKSONVILLE, FL 32256

FRED C. JACKSON, JR.
332 E. VILLAGE DRIVE
ST. AUGUSTINE, FL 32095

ERNIE BRODSKY
4268 VALENCIA CIRLCE
JACKSONVILLE, FL 32217

TIMOTHY W. REINSCHMIDT, TREASURER
3599 UNIVERSITY BLVD., SOUTH, SUITE B
JACKSONVILLE, FL 32216

HERBERT PEARCE, M.D., VICE CHAIRMAN
4903 RIVER BASIN DRIVE SOUTH
JACKSONVILLE, FL 32207