

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 045 ****61.25

DOCUMENT # N94000006015

1. Entity Name
GENESIS REHABILITATION HOSPITAL, INC.



Principal Place of Business
**3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216**

Mailing Address
**3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216**

14003156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BROWN, J. BROOKS**
STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Delete
NAME **CARTER, STANLEY**
STREET ADDRESS **7335 THIEN**
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **DC** ☐ Delete
NAME **JOHNSON, BRUCE M**
STREET ADDRESS **12138 MANDARIN ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **DS** ☐ Delete
NAME **SNEED, LYNNE**
STREET ADDRESS **~~416 CARRIAGE LAMP WAY~~**
CITY-ST-ZIP **~~PONTE VEDRA BEACH, FL 32082~~**

TITLE **DP** ☐ Delete
NAME **SCHAUER, CHARLES PHD.**
STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Delete
NAME **BAER, DOUGLAS**
STREET ADDRESS **3599 UNIVERSITY BLVD., S**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3599 university Blvd. S. Suite B**
CITY-ST-ZIP **Jacksonville, fl 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Timothy W. Reinschmidt **Timothy W. Reinschmidt**

Date

Daytime Phone #

ATTACHMENT

14003156
N94000006015

ADDITIONAL BOARD OF DIRECTORS FOR GENESIS REHABILITATION HOSPITAL, INC.

2005

(Most are in your system but changes cannot be made online)

Title: D
Name: Ernie Brodsky
4268 Via Valencia Circle
Jacksonville, FL 32217

Title: D
Name: Herbert R. Pearce, M.D.
4903 River Basin Dr., S.
Jacksonville, FL 32207-2111

Title: DT
Name: Timothy W. Reinschmidt
1970 Camellia Oaks Lane
Jacksonville, FL 32217

Title: D
Name: Deborah Stewart, M.D.
13694 Marsh Harbor Dr.
Jacksonville, FL 32225

Title: D These are the only two actual new Board members since last year.
Name: Forrest Travis
3652 S. Third St.
Jacksonville Beach, FL 32250

Title: D
Name: Howard Weiss, D.O.
6800 Southpoint Parkway, Suite 101
Jacksonville, FL 32216

Delete:
Shahriar Nabizadeh, M.D.
Fred C. Jackson, Jr.