
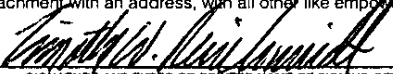


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90230 016 \*\*\*\*61.25

<b>DOCUMENT # N94000006015</b> 1. Entity Name <b>GENESIS REHABILITATION HOSPITAL, INC.</b>					
Principal Place of Business <b>3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216</b>			Mailing Address <b>3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3284221</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>BROWN, J. BROOKS 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CARTER, STANLEY 7335 THIEN JACKSONVILLE, FL 32219</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7335 Thien Street</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete <b>JOHNSON, BRUCE M 12138 MANDARIN ROAD JACKSONVILLE, FL 32223</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete <b>SNEED, LYNNE 3599 UNIVERSITY BLVD S, SUITE B JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>SCHAUER, CHARLES PHD. 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3599 University Blvd. S</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BAER, DOUGLAS 3599UNIVERSITY BLVD., S JACKSONVILLE, FL 32216</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3599 University Blvd. S, Suite B</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Timothy W. Reinschmidt</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>04/27/06</b>		
			<small>Daytime Phone #</small> <b>(904)858-7488</b>		

# ATTACHMENT

ATTACHMENT

40082161

#194000006015

**2006 - ADDITIONAL BOARD OF DIRECTORS  
FOR GENESIS REHABILITATION HOSPITAL, INC.**  
(Most are in your system but changes cannot be made online)

**New Board Members since last filing:**

Title: D

Name: Pamela S. Chally, Ph.D., R.N.  
13121 Via Roma Ct.  
Jacksonville, FL 32224

Title: D

Name: Gary W. Sneed  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

**Delete:**

Name: Herbert R. Pearce, M.D.

ATTACHMENT

ATTACHMENT

40082161

#N94000006015

**2006 - COMPLETE LIST OF BOARD OF DIRECTORS  
FOR GENESIS REHABILITATION HOSPITAL, INC.  
(For Reference to Ensure Correct Filing Information)**

Title: DC  
Name: Bruce M. Johnson  
12138 Mandarin Rd.  
Jacksonville, FL 32223

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

Title: DS  
Name: Stanley Carter  
7335 Thien Street  
Jacksonville, FL 32219

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

Title: D  
Name: Douglas M. Baer  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: D  
Name: Pamela S. Chally  
13121 Via Roma Ct.  
Jacksonville, FL 32224

Title: D  
Name: Gary W. Sneed  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: D  
Name: Lynne Sneed  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: D  
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

Title: DP  
Name: Charles Schauer, Ph.D.  
3599 University Blvd. S  
Jacksonville, FL 32216

Title: D  
Name: Deborah G. Stewart, M.D.  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216