## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

# FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90214 004 \*\*\*\*61.25

## **DOCUMENT # N94000006015**



GENESIS REHABILITATION HOSPITAL, INC. 40000010 Mailing Address Principal Place of Business 3599 UNIVERSITY BLVD. SOUTH SUITE B 3599 UNIVERSITY BLVD. SOUTH SUITE B JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 CR2E037 (12/06) 4. FEI Number 59-3284221 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEIGER, ALLAN T Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD. **SUITE 1500** JACKSONVILLE, FL 32207 City Zip Code FL 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) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE DS ☐ Delete TITLE ■ Addition CARTER, STANLEY NAME NAME 7335 THIEN STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32219 CITY-S1-7/P CITY-ST-ZIP DC ☐ Delete TITLE ☐ Change ☐ Addition TITLE JOHNSON, BRUCE M NAME 12138 MANDARIN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP TITLE Delete HILE ☐ Change ■ Addition SNEED, LYNNE NAME NAME 3599 UNIVERSITY BLVD S, SUITE B STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32216 CITY-S1-ZIP CITY-ST-7IP D ☐ Defete TITLE ■ Addition TITLE BAER, DOUGLAS NAME STREET ADDRESS 3599 UNIVERSITY BLVD. S, SUITE B STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-S1-ZIP ☐ Delete THLE ☐ Change Addition NAME 3544 University Blvd, South STREET ADDRESS STREET ADDRESS Jacksonville, FL 32216 CHY-SI-ZIP City-S1-ZiP ☐ Detete Change Addition TITLE IIILE Lee Lomay 280 St. Johns Forest Blud. NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32259 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

Hin Be

#### **ATTACHMENT**

#N9400006015

2008 - 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: T

Name:Odin Berg

3599 University Blvd. South Jacksonville, FL 32216

Title: D\_\_\_\_\_

Name:Lee Lomax

280 St. Johns Forest Blvd. Jacksonville, FL 32259

### Change in Title since last filing:

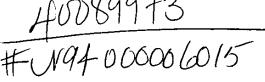
Title: D

Name: Douglas M. Baer

3599 University Blvd. S, Suite B

Jacksonville, FL 32216

#### **ATTACHMENT**



## 2007 - 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: DS

Name: Stanley Carter

\_7335\_Thien\_Street \_\_\_\_\_ Jacksonville, FL 32219

Title: Administrator and Senior VP

Name:Patricia deBear

3599 University Blvd., S Jacksonville, FL 32216

Title: D

Name: Gary W. 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 Pkwy, Suite 101

Jacksonville, FL 32216

Title: D

Name:Lee Lomax

280 St. Johns Forest Blvd. Jacksonville, FL 32259

Title: DViceChairman Name: Ernie Brodsky

> 4268 Via Valencia Circle Jacksonville, FL 32217

Title: DT

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:Lynne Sneed

3599 University Blvd. S, Suite B

Jacksonville, FL 32216

Title: D

Name: Michael Spigel

3599 University Blvd. S, Suite B

Jacksonville, FL 32216

Title: D

Name: Deborah G. Stewart, M.D.

3599 University Blvd. S, Suite B

Jacksonville, FL 32216

Title: T

Name:Odin Berg

3599 University Blvd. South Jacksonville, FL 32216