

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N94000006015</b> 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3284221	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	DS CARTER, STANLEY 7335 THIEN STREET JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC JOHNSON, BRUCE M 12138 MANDARIN ROAD JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNEED, LYNNE 3599 UNIVERSITY BLVD S, SUITE B JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BAER, DOUGLAS 3599 UNIVERSITY BLVD. S, SUITE B JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Odin Berg 3599 University Blvd, South Jacksonville, FL 32216	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lee Lomax 280 St. Johns Forest Blvd. Jacksonville, FL 32256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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> <i>Odin Berg</i>		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date</small>	
		_____ <small>Daytime Phone #</small>		04/25/08 (904) 858-7408	

**ATTACHMENT**

40089973

#V94000006015

**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

40089973  
#U94 000006015

**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: 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: Douglas M. Baer  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

Title: Administrator and Senior VP  
Name: Patricia deBear  
3599 University Blvd.. S  
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: Michael Spigel  
3599 University Blvd. S, Suite B  
Jacksonville, FL 32216

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

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

Title: D  
Name: Lee Lomax  
280 St. Johns Forest Blvd.  
Jacksonville, FL 32259

Title: T  
Name: Odin Berg  
3599 University Blvd. South  
Jacksonville, FL 32216