

Jan 26, 2009 4:18 PM
Division of Corporations

No. 0008 Page 1 of 1

N94000006015

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1109000018234 3)))



H090000182343ADC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ROCKRS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 26 AM 10:15

FILED

REGISTERED AGENT CHANGE

GENESIS REHABILITATION HOSPITAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
2009 JAN 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

TB

1-27-09

Jan. 26. 2009 4:19PM

No. 0108 P. 2
1109000018234

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Genesis Rehabilitation Hospital, Inc.
2. The principal office address: 3599 University Boulevard South, Suite B, Jacksonville, FL 32216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/08/1994 Document number: N94000006015
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Allan T. Geiger

1301 Riverplace Boulevard, Suite 1500

Jacksonville, Florida 32207

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Robert H. Pritchard

1301 Riverplace Boulevard, Suite 1500

(P.O. Box NOT acceptable)

Jacksonville, Florida 32207

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Douglas M. Baer
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*


(Signature of Registered Agent)

January 26, 2009
(Date)

If signing on behalf of an entity:

Robert H. Pritchard
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

JAX1192666_1.pdf

1109000018234

FILED
2009 JAN 26 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA