

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006015

FILED
Apr 27, 2009
Secretary of State

Entity Name: GENESIS REHABILITATION HOSPITAL, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216

New Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH SUITE B
JACKSONVILLE, FL 32216

New Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

FEI Number: 59-3284221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: CARTER, STANLEY
Address: 7335 THIEN STREET
City-St-Zip: JACKSONVILLE, FL 32219

Title: DC () Delete
Name: JOHNSON, BRUCE M
Address: 12138 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: SNEED, LYNNE
Address: 3599 UNIVERSITY BLVD S, SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: BAER, DOUGLAS
Address: 3599 UNIVERSITY BLVD. S, SUITE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: BERG, ODIN
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: LOMAX, LEE
Address: 280 ST JOHNS FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SNEED, LYNNE
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: BAER, DOUGLAS
Address: 3599 UNIVERSITY BLVD. S
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODIN BERG

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date

**2009 - 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: D Vice Chairman 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 Jacksonville, FL 32216
Title: D, 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 Jacksonville, FL 32216	Title: D Name: Lynne Sneed 3599 University Blvd., S Jacksonville, FL 32216
Title: D Name: Forrest Travis 3652 S. Third St. Jacksonville Beach, FL 32250	Title: DP Name: Michael Spigel 3599 University Blvd., S Jacksonville, FL 32216
Title: D Name: Sarala Srinivasa, M.D. 3599 University Blvd., S Jacksonville, FL 32216	Title: D Name: Lee Lomax 280 St. Johns Forest Blvd. Jacksonville, FL 32259
Title: TCFO Name: Odin Berg 3599 University Blvd., S Jacksonville, FL 32216	Title: D Name: Trevor Paris, M.D. 3599 University Blvd., S Jacksonville, FL 32216

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