

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2011
Secretary of State

Entity Name: GENESIS REHABILITATION HOSPITAL, INC.

Current Principal Place of Business:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

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
Name: CARTER, STANLEY
Address: 7335 THIEN STREET
City-St-Zip: JACKSONVILLE, FL 32219

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

Title: DVC
Name: BRODSKY, ERNEST
Address: 4268 VIA VALENCIA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT
Name: BAER, DOUGLAS
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: SPIGEL, MICHAEL
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP
Name: DEBEAR, PATRICIA
Address: 3599 UNIVERSITY BLVD S
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS M. BAER

DT

04/19/2011

Electronic Signature of Signing Officer or Director

Date