

8/19/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : URS AGENTS LLC  
Account Number : I20150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: monica.walker@brooksrehab.org

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STATE  
DIVISION OF CORPORATIONS  
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**REGISTERED AGENT CHANGE  
GENESIS REHABILITATION HOSPITAL, INC.**

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

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Corporate Filing Menu

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: GENESIS REHABILITATION HOSPITAL, INC.  
Name of Corporation

DOCUMENT NUMBER: N94000006015

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Walker

Name of Contact Person

Genesis Rehabilitation Hospital, Inc.

Firm/Company

3599 UNIVERSITY BLVD. SOUTH

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

Monica.Walker@Brooksrehab.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at 800 567-4397

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# 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 BLVD. SOUTH, JACKSONVILLE, FL 32218
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)

PASCOE, BEVERLY A  
1301 RIVERPLACE BOULEVARD, SUITE 1500  
JACKSONVILLE, FL 32207

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

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
P.O. Box NOT acceptable  
TALLAHASSEE, FL 32312

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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

Doug Baer Vice President  
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

8/19/2020

Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary  
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 (03/12)

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