

2003 "NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)"

FILED
Apr 28, 2003 8:00 am
Secretary of State

0004369

DOCUMENT # N94000006015

1. Entity Name

GENESIS REHABILITATION HOSPITAL, INC.



04-28-2003 90155 009 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3284221**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEIGER, ALLAN T
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BROWN, J. BROOKS**
STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **Pearce, MD., Herbert T.**
STREET ADDRESS **4903 River Basin Drive South**
CITY-ST-ZIP **Jacksonville, BL 32207**

TITLE **D** ☐ Delete
NAME **CARTER, STANLEY**
STREET ADDRESS **7335 THIEN**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE **D** ☐ Change ☒ Addition
NAME **Johnson, Bruce M.**
STREET ADDRESS **121 W. Forsyth Street**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **DC** ☒ Delete
NAME **WILSON, NATHAN H**
STREET ADDRESS **51 CAT ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Timothy W. Keinschmidt**
STREET ADDRESS **2836 Wood Valley Court**
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE **D** ☐ Delete
NAME **SNEED, LYNNE**
STREET ADDRESS **116 CARRIAGE LAMP WAY**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D/S** ☒ Change ☐ Addition
NAME **D/S**
STREET ADDRESS **D/S**
CITY-ST-ZIP **D/S**

TITLE **D** ☐ Delete
NAME **SCHAUER, CHARLES PHD.**
STREET ADDRESS **3599 UNIVERSITY BLVD. SOUTH SUITE B**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D/P** ☒ Change ☐ Addition
NAME **D/P**
STREET ADDRESS **D/P**
CITY-ST-ZIP **D/P**

TITLE **DT** ☐ Delete
NAME **BAER, DOUGLAS**
STREET ADDRESS **3599 UNIVERSITY BLVD., S**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Change ☒ Addition
NAME **Shad, Merilyn T.**
STREET ADDRESS **811 Point La Vista N.**
CITY-ST-ZIP **Jacksonville, FL 32207**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employment.

SIGNATURE:

Timothy W. Keinschmidt

4-21-03 904-858-7488

CR2E037 (10/02)

ATTACHMENT

10086742
N94000006015

Genesis Rehabilitation Hospital, Inc.

Continued

April 2003

The following are additions:

Title: D

Deborah Stewart, M.D.

3599 University Blvd., S., Jacksonville, FL 32216

Title: D

Shahriar Nabizadeh, M.D.

3599 University Blvd., S., Jacksonville, FL 32216