

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 15 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802000124557

1. Entity Name

Genesis Health Network, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5600 SW 135 Ave

3. Mailing Address

5600 SW 135 Ave

Suite, Apt. #, etc.

104C

Suite, Apt. #, etc.

104C

City & State

Miami Florida

City & State

Miami, FL

4. FEI Number

05-1161732

Applied For

Not Applicable

Zip

33175

Country

US

Zip

33175

Country

US

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Janet Gonzalez

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

425 SW 129 Ave

City

Miami

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

X Janet Gonzalez

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Janet Gonzalez
425 SW 129 Ave
Miami, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800019845688
05/23/03--01043--031 **750.00

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**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Janet Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

915115

GENESIS HEALTH NETWORK, INC.


TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY


JANET GONZALEZ
PRESIDENT