

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 763030

**Entity Name:** GENESIS HEALTH, INC.

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD., S  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3599 UNIVERSITY BLVD., S  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-2249370

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

URS AGENTS, LLC  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 US

*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:** KANETHA BISHOP

06/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO/PRESIDENT, DIRECTOR  
Name BAER, DOUGLAS M  
Address 3599 UNIVERSITY BLVD. S.  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name JOHNSON, BRUCE  
Address 3599 UNIVERSITY BLVD. S.  
City-State-Zip: JACKSONVILLE FL 32216

Title D, S  
Name CARTER, STANLEY W  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D, VC  
Name SERKIN, HOWARD  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title CFO, EVP & TREASURER, ASST. SECRETARY  
Name TABOR, J BRITTON  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name BRODSKY, ERNIE  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name CHALLY, PAM  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name COST, TIM  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

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*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

CEO

06/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name LOMAX, LEE  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name PALMER, LISA  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name BOYNTON, SHELLY  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name BARRETT, KEVIN  
Address 3599 UNIVERSITY BLVD. S.  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name TOMM, CHARLIE  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title CHIEF OPERATING OFFICER HOSPITAL AND HOME HEATH, OFFICER  
Name ROBERTS, KRIS  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D, CHAIRMAN  
Name MANN, ERIC  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name PAPPAS, LYNN  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title D  
Name NEWTON, RUSTY  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name GOODEN, JERALD  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title EVP & CHIEF FINANCIAL OFFICER,  
OFFICER  
Name TABOR, J. BRITTON  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216

Title COO, OUTPATIENT & AGING,  
OFFICER  
Name DERIENZO, VICTOR  
Address 3599 UNIVERSITY BLVD., S  
City-State-Zip: JACKSONVILLE FL 32216