

2020 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:

PASCOE, BEVERLY A
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title CFO, EVP & TREASURER, ASST. SECRETARY
Name CURRAN, DANIEL R
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 BROTT, THOMAS M.D.
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

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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

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title D
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 TRAVIS, FORREST
Address 3599 UNIVERSITY BLVD., S
City-State-Zip: JACKSONVILLE FL 32216

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 SNEED, GARY
Address 3599 UNIVERSITY BLVD., S
City-State-Zip: JACKSONVILLE FL 32216