

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006015

**Entity Name:** GENESIS REHABILITATION HOSPITAL, INC.**Current Principal Place of Business:**3599 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216**Current Mailing Address:**3599 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216**FEI Number:** 59-3284221**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

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR, TREASURER, VP  
Name TABOR, J BRITTON  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name BROTT, THOMAS DR.  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name MANN, ERIC  
Address 3599 UNIVERSITY BLVD. SOUTH  
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:** KRIS ROBERTS**PRESIDENT**

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PARIS, TREVOR DR.  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

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

Title DIRECTOR  
Name SHAH, PARAG DR.  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title PRESIDENT, DIRECTOR  
Name ROBERTS, KRIS  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

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

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

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

Title DIRECTOR  
Name NGO, KEN DR.  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name LIST, CASSANDRA DR.  
Address 3599 UNIVERSITY BLVD. SOUTH  
City-State-Zip: JACKSONVILLE FL 32216