

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

PASCOE, BEVERLY A
1301 RIVERPLACE BLVD STE 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 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 DP
Name SPIGEL, MICHAEL
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 CURRAN, DANIEL R
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

Continues on page 2

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: ERNEST BRODSKY

CHAIRMAN

06/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name WEISS, HOWARD 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

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

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

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