

**2014 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:**

PRITCHARD, ROBERT H  
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 DS  
Name CARTER, STANLEY  
Address 7335 THIEN STREET  
City-State-Zip: JACKSONVILLE FL 32219

Title DC  
Name JOHNSON, BRUCE M  
Address 12138 MANDARIN ROAD  
City-State-Zip: JACKSONVILLE FL 32223

Title DVC  
Name BRODSKY, ERNEST  
Address 4268 VIA VALENCIA CIRCLE  
City-State-Zip: JACKSONVILLE FL 32217

Title D  
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 DVP  
Name DEBEAR, PATRICIA  
Address 3599 UNIVERSITY BLVD S  
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER  
Name HARDISON, JAMES D  
Address 3599 UNIVERSITY BLVD S.  
City-State-Zip: JACKSONVILLE FL 32216

*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: JAMES HARDISON**

**TREASURER**

**07/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date