

2016 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:**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 DIRECTOR
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/SECRETARY/TREASURER
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 DVC
Name CHALLY, PAMELA
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: DOUGLAS M. BAER**CHAIRMAN****04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date