

**2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F98000005491

**FILED  
Nov 14, 2018  
Secretary of State  
CC7471821108**

**Entity Name:** GENTIVA HEALTH SERVICES (CERTIFIED), INC.

**Current Principal Place of Business:**

3350 RIVERWOOD PKWY SE; SUITE 1400  
ATLANTA, GA 30339-6401

**Current Mailing Address:**

3350 RIVERWOOD PKWY SE; SUITE 1400  
ATLANTA, GA 30339-6401 US

**FEI Number: 11-3454105**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           GIERINGER, DAVID  
Address        3350 RIVERWOOD PKWY SE; SUITE  
                  1400  
City-State-Zip: ATLANTA GA 30339-6401

Title           DIRECTOR  
Name           NEARHOOD, KRISTEN  
Address        3350 RIVERWOOD PKWY SE; SUITE  
                  1400  
City-State-Zip: ATLANTA GA 30339-6401

Title           DIRECTOR  
Name           LAZAS, RONALD C JR.  
Address        3350 RIVERWOOD PKWY SE; SUITE  
                  1400  
City-State-Zip: ATLANTA GA 30339-6401

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID GIERINGER**

**DIRECTOR**

**11/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date