

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005491

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

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date