

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000006593

1. Entity Name
GENTIVA HEALTH SERVICES, INC.



**FILED
Apr 20, 2006 8:00 am
Secretary of State**

04-20-2006 90185 001 ***150.00

40034100



04052006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address					
3 HUNTINGTON QUADRANGLE SUITE 200 S MELVILLE, NY 11747-4627		3 HUNTINGTON QUADRANGLE SUITE 200 S MELVILLE, NY 11747-4627					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BLUMBERG EXCELSIOR CORPORATE SERVICES, INC 4435 OLD WINTER GARDEN RD ORLANDO, FL 32811				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, RONALD A 3 HUNTINGTON QUADRANGLE MELVILLE, NY 117474627	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELCHSCHMIDT, EDWARD A 3 HUNTINGTON QUADRANGLE MELVILLE, NY 117474627	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Strange, H. Anthony 3350 Riverwood Pkwy, Ste 1400 Atlanta, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, VERNON A 3 HUNTINGTON QUADRANGLE MELVILLE, NY 117474627	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Paige, Stephen B. 3 Huntington Quadrangle, Ste. 2005 MELVILLE, NY 11747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAHLGARD, DOUGLAS 3 HUNTINGTON QUADRANGLE MELVILLE, NY 117474627	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Camperlengo, John N. 3 Huntington Quadrangle, Ste 2005 MELVILLE, NY 11747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POTACHUK, JOHN 3 HUNTINGTON QUADRANGLE MELVILLE, NY 117474627	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen B. Paige*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

6315017210

Date

Daytime Phone #