

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

40034100

DOCUMENT # F05000006593				04-20-2006 90185 001 ***150.00	
1. Entity Name GENTIVA HEALTH SERVICES, INC.					
Principal Place of Business 3 HUNTINGTON QUADRANGLE SUITE 200 S MELVILLE, NY 11747-4627		Mailing Address 3 HUNTINGTON QUADRANGLE SUITE 200 S MELVILLE, NY 11747-4627			
2. Principal Place of Business		3. Mailing Address		40034100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 36-4335801	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES, INC 4435 OLD WINTER GARDEN RD ORLANDO, FL 32811			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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. 200S 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 Camperlenso, John N. 3 Huntington Quadrangle, Ste 200S 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: <u>Stephen B. Paige</u>		4/12/06 631 501 7210			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			