2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # F98000005320						01-25-2005	90047 01	1 ***150	.00
1. Entity Name GENTIVA	HEALTH SERVICES (USA								
Principal Place of Business 3 HUNTINGTON QUADRANGLE 3 SO. MELVILLE, NY 11747		Mailing Address 3 HUNTINGTON QUADRANGLE 3 SO. MELVILLE, NY 11747			1 JETHER HIL	ININI I BILLI ABIHI NAISI AN		00589	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc. 2005		Suite, Apt. #, etc.			01052005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number 11-3414024			_ 	plied For t Applicable
Zíp	Country	Country Zip Co		try .	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	,	Name	7. Name and	Address of New F	Registered a	Agent	
BLUMBERG EXCELSIOR CORPORATE SERVICES, INC					(D.O. Boy Numbe	s in Not Apportable	, a)		
	WINTER GARDEN RD), FL 32802			Street Address (.P.O. BOX NUMBE	r is Not Acceptabl	θ)		
				City			FL	Zip Code	
	named entity submits this statement fo ions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or bot	n, in the State of Fl	orida. I am	lamiliar with.	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	end title if applicable (NOT	E: Registered	d Agent signature required	d when reinstating)		DATE		
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa	ign Finan	ncing _ \$5	.00 May Be				
			11.	-	ADDITIONS/	CHANGES TO OF	FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP				l l				☐ Change	Addition
TITLE NAME STREET ADDRESS City-ST-ZIP	CEOD MALONE, RONALD A 3 HUNTINGTON QUAD., 2 S MELVILLE, NY 11747	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT POTAPCHUK, JOHN 3 HUNTINGTON QUAD., 2 S MELVILLE, NY 11747	☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SCHWARTZ, RUTH 175 BROAD HOLLOW RD MELVILLE, NY 11747	☐ Delete						☐ Change	Addition
TITLE NAME . STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	EET ADDRESS -ST-ZIP				☐ Change	Addition
indicated of the cor	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee empty, or on an attachment with an address,	s true and accurate and that : owered to execute this report	my signai t as requi	tilire shall have the	same legal elled 7, Florida Statute	i as ii made uilder	Dani, mari	ann an omcer	OI GILECTO