

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

01-25-2005 90047 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000005320 1. Entity Name GENTIVA HEALTH SERVICES (USA) INC.					
Principal Place of Business 3 HUNTINGTON QUADRANGLE 3 SO. MELVILLE, NY 11747			Mailing Address 3 HUNTINGTON QUADRANGLE 3 SO. MELVILLE, NY 11747		
2. Principal Place of Business Suite, Apt. #, etc. 2005			3. Mailing Address Suite, Apt. #, etc. 2005		
City & State			City & State		
Zip		Country		4. FEI Number 11-3414024	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLUMBERG EXCELSIOR CORPORATE SERVICES, INC 4435 OLD WINTER GARDEN RD ORLANDO, FL 32802				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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PDCO PERRY, VERNON A 3 HUNTINGTON QUADRANGLE ,2 SO. MELVILLE, NY 11747 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MALONE, RONALD A 3 HUNTINGTON QUAD., 2 S MELVILLE, NY 11747 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT POTAPCHUK, JOHN 3 HUNTINGTON QUAD., 2 S MELVILLE, NY 11747 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SCHWARTZ, RUTH 175 BROAD HOLLOW RD MELVILLE, NY 11747 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>John R. Potapchuk</i>			Date 1/7/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

50005891



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