

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90451 030 ***150.00

DOCUMENT # F98000005481

1. Entity Name
GENTIVA HEALTH SERVICES (INFUSION), INC.



Principal Place of Business
3 HUNTINGTON QUADRANGLE
2 SO
MELVILLE NY 11747

Mailing Address
3 HUNTINGTON QUADRANGLE
2 SO
MELVILLE NY 11747

2. Principal Place of Business

1640 Century Center Pkwy.

3. Mailing Address

1640 Century Center Pkwy.

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Memphis, TN

City & State
Memphis, TN

Zip
38134

Country
USA

Zip
38134

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-3454100**

Applic For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 32802

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
660 East Jefferson Street

City **Tallahassee**

FL

Zip Code **32301**

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 **See attached acceptance**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 **PD** ☒ Delete
NAME **BIRCHSEHMDT, EDWARD A**
STREET ADDRESS **3 HUNTINGTON QUADRANGLE 2 SO**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **JOEL R. KIMBROUGH**
STREET ADDRESS **[SAME AS #3 ABOVE]**
CITY-ST-ZIP

TITLE **CFDT** ☒ Delete
NAME **COLLURA, JOHN J**
STREET ADDRESS **3 HUNTINGTON QUADRANGLE 2 SO**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **THOMAS W. BELL, JR.**
STREET ADDRESS **[SAME AS #3 ABOVE]**
CITY-ST-ZIP

TITLE **EVP** ☒ Delete
NAME **MALONE, RONALD A**
STREET ADDRESS **3 HUNTINGTON QUADRANGLE 2 SO**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **CEO** ☐ Change ☒ Addition
NAME **DAVID D. STEVENS**
STREET ADDRESS **[SAME AS #3 ABOVE]**
CITY-ST-ZIP

TITLE **SGC** ☒ Delete
NAME **MA, PATRICIA C**
STREET ADDRESS **3 HUNTINGTON QUADRANGLE 2 SO**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☒ Delete
NAME **POTAPCHUK, JOHN**
STREET ADDRESS **3 HUNTINGTON QUADRANGLE 2 SO**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☒ Delete
NAME **SCHWARTZ, RUTH**
STREET ADDRESS **3 HUNTINGTON QUADRANGLE 2 SO**
CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **THOMAS W. BELL, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

901-385-3688

0618769 AT

CR2E034 (10/02)

Attachment

80092575
#F98000005481

ACCEPTANCE OF APPOINTMENT

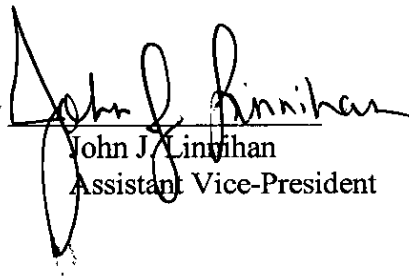
RE: **Accredo Health Services (Infusion), Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: April 16, 2003

C T CORPORATION SYSTEM

By


John J. Linnihan
Assistant Vice-President