2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90022 005 ***150.00

DOCUMENT # F98000005505

1. Entity Name
GENTIVA CARECENTRIX, INC.

94017896

Principal Place of Business	Mailing Address
3 HUNTINGTON QUADRANGLE, 2 SO. MELVILLE, NY 11747-8943	3 HUNTINGTON QUADRANGLE, 2 SO. MELVILLE, NY 11747-8943

01272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
11-3454103
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 32802

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDCO
NAME	PERRY, VERNON A
STREET ADDRESS	3 HUNTINGTON QUADRANGLE, 2 SO.
CITY-ST-ZIP	MELVILLE, NY 117478943
TITLE	CCEO
NAME	MALONE, RONALD A
STREET ADDRESS	3 HUNTINGTON QUADRANGLE, 2 SO.
CITY-ST-ZIP	MELVILLE, NY 117478943
TITLE	SVPT
NAME	POTAPCHUK, JOHN A
STREET ADDRESS	3 HUNTINGTON QUADRANGLE, 2 SO.
CITY-ST-ZIP	MELVILLE, NY 117478943
TITLE	AS
NAME	SCHWARTZ, RUTH
STREET ADDRESS	3 HUNTINGTON QUADRANGLE, 2 SO.
CITY-ST-ZIP	MELVILLE, NY 117478943
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Josh R. Potapchuk 2/10/04 631-501-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #