

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000005505

1. Entity Name
GENTIVA CARECENTRIX, INC.



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

Mailing Address
3 HUNTINGTON QUADRANGLE, 2 SO.
MELVILLE, NY 11747-8943



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

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

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, 2005 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #