2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# F98000005505

Entity Name: GENTIVA CARECENTRIX, INC.

Current Principal Place of Business:

3 HUNTINGTON QUADRANGLE, 2 SO.
MELVILLE, NY 117478943

New Principal Place of Business:

Current Mailing Address:

3 HUNTINGTON QUADRANGLE, 2 SO.
MELVILLE, NY 117478943

New Mailing Address:

FEI Number: 11-3454103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUMBERG EXCELSIOR CORPORATE SERVICES INC
4435 OLD WINTER GARDEN RD
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	EVP	( ) Delete
Name:	STRANGE, ANTHONY H	
Address:	3350 RIVERWOOD PKWY STE 1400	
City-St-Zip:	MELVILLE, NY 117478943	
Title:	CCEO	( ) Delete
Name:	MALONE, RONALD A	
Address:	3 HUNTINGTON QUADRANGLE, 2 SO.	
City-St-Zip:	MELVILLE, NY 117478943	
Title:	SVPT	( ) Delete
Name:	POTAPCHUK, JOHN A	
Address:	3 HUNTINGTON QUADRANGLE, 2 SO.	
City-St-Zip:	MELVILLE, NY 117478943	
Title:	AS	( ) Delete
Name:	SCHWARTZ, RUTH	
Address:	3 HUNTINGTON QUADRANGLE, 2 SO.	
City-St-Zip:	MELVILLE, NY 117478943	
Title:	SVPS	( ) Delete
Name:	PAIGE, STEPHEN B	
Address:	3 HUNTINGTON QUENDRIANGLE STE 2005	
City-St-Zip:	MELVILLE, NY 11747	
Title:	D	( ) Delete
Name:	PAIGE, STEPHEN B	
Address:	3 HUNTINGTON QUADRANGLE STE 2005	
City-St-Zip:	MELVILLE, NY 11747	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN B. PAIGE D 04/16/2007

Electronic Signature of Signing Officer or Director — Date