



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M04000002032 1. Entity Name GENTIVA REHAB WITHOUT WALLS, LLC					
Principal Place of Business 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747			Mailing Address 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747		
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
					
			01052005 Chg-LLC CR2E083 (10/03)		
			4. FEI Number 06-1725406		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC 4435 OLD WINTER GARDEN RD. ORLANDO, FL 32811			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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MALONE, RONALD A 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 117474627	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000195323 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/26/05-80023-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO PERRY, VERNON A 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS POTAPCHUK, JOHN R 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREAMER, ROBERT 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, CHRISTOPHER L 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAIGE, STEPHEN 3 HUNTINGTON QUADRANGLE, 200S MELVILLE, NY 11747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <u>John R. Potapchuk</u> 1/7/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					