

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002032

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** GENTIVA REHAB WITHOUT WALLS, LLC

**Current Principal Place of Business:**

3 HUNTINGTON QUADRANGLE, 200S  
MELVILLE, NY 11747

**New Principal Place of Business:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339 US

**Current Mailing Address:**

3 HUNTINGTON QUADRANGLE, 200S  
MELVILLE, NY 11747

**New Mailing Address:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339 US

**FEI Number:** 06-1725406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GENTIVA HEALTH SERVICES (USA), INC.  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

Title: P  
Name: STRANGE, TONY  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

Title: T  
Name: SLUSSER, ERIC R  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

Title: S  
Name: CAMPERLENGO, JOHN N  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: JOHN N CAMPERLENGO

S

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date