

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90015 023 ***150.00

DOCUMENT # P22747

1. Entity Name
GENTIVA CERTIFIED HEALTHCARE CORP.



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

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

94018578



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2645333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6.-Name and Address of Current Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32802**

**DO NOT WRITE
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PCOD PERRY, VERNON A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MALONE, RONALD A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTS POTAPCHUCK, JOHN R 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWARTZ, RUTH 3 HUNTINGTON QUADRANGLE, 2 SO MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John R. Potapchuck
2/13/04