2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90185 029 ***150.00

DOCUMENT # P22747

1. Entity Name
GENTIVA CERTIFIED HEALTHCARE CORP.

40054696

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

04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOD PERRY, VERNON A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Strange, H. Anthony 3 Huntington Quadrange, Ste 200S Melville, NY 11747	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD MALONE, RONALD A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP S'D Paige, Stephen B. 3 Huntington Quadrangle, Ste 200S Melville, NY 11747	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCTS POTAPCHUCK, JOHN R 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP T D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SCHWARTZ, RUTH 3 HUNTINGTON QUADRANGLE, 2 SO MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stephen B Paige 4/12/06 6315172/0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #