

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000000955

**Entity Name:** GENTIVA HEALTH SERVICES (USA) LLC

**Current Principal Place of Business:**

3350 RIVERWOOD PKWY SE, STE 1400  
ATLANTA, GA 30339

**Current Mailing Address:**

3350 RIVERWOOD PKWY SE, STE 1400  
ATLANTA, GA 30339 US

**FEI Number:** 11-3414024

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name NEARHOOD, KRISTEN  
Address 3350 RIVERWOOD PKWY SE, STE 1400  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR  
Name LAZAS, RONALD C JR.  
Address 3350 RIVERWOOD PKWY SE, STE 1400  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR  
Name GIERINGER, DAVID  
Address 3350 RIVERWOOD PKWY SE, STE 1400  
City-State-Zip: ATLANTA GA 30339

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID GIERINGER

**DIRECTOR**

**03/18/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date