

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000107

Entity Name: GENTIVA HOSPICE FOUNDATION, INC.**Current Principal Place of Business:**3350 RIVERWOOD PARKWAY, STE. 1400
ATLANTA, GA 30339**Current Mailing Address:**4850 WRIGHT RD
STE 168
STAFFORD, TX 77477**FEI Number: 75-2851746****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

Officer/Director Detail :

Title	PD
Name	SHANER, JEFF
Address	3350 RIVERWOOD PARKWAY, STE. 1400
City-State-Zip:	ATLANTA GA 30339

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

Title	ED
Name	GRIFFIN, MARY P
Address	3350 RIVERWOOD PARKWAY, STE. 1400
City-State-Zip:	ATLANTA GA 30339

Title	VPD
Name	PARNELL, SALLY A
Address	16209 SHADYBANK DRIVE
City-State-Zip:	DALLAS TX 75248

Title	D
Name	ROLLERSON, THOMAS
Address	734 ARBOLADO ROAD
City-State-Zip:	SANTA BARBARA CA 93103

Title	DIRECTOR
Name	BURGESS, TONI
Address	3350 RIVERWOOD PARKWAY, 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY P. GRIFFIN**EXECUTIVE DIRECTOR****04/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date