**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 30, 2021**
**Secretary of State**
**7592394937CC**

DOCUMENT# F09000000107

**Entity Name:** GENTIVA HOSPICE FOUNDATION, INC.

**Current Principal Place of Business:**

3350 RIVERWOOD PARKWAY
STE. 1400
ATLANTA, GA 30339

**Current Mailing Address:**

3350 RIVERWOOD PARKWAY
STE. 1400
ATLANTA, GA 30339 US

**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: JAMES M. HALPIN, ASSISTANT SECRETARY 04/30/2021

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | VERHOEVE, PAUL |
| Address | 14614 N. KIERLAND BOULEVARD, #300N |
| City-State-Zip: | SCOTTSDALE AZ 85254 |

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | BEASLEY, SELECE |
| Address | 3350 RIVERWOOD PARKWAY STE. 1400 |
| City-State-Zip: | ATLANTA GA 30339 |

| | |
|---|---|
| Title | TREASURER |
| Name | DAVID, GIERINGER |
| Address | 12900 FOSTER |
| City-State-Zip: | OVERLAND PARK KS 66213 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | COOK, NIKI |
| Address | 201 17TH STREET NW SUITE 1000 |
| City-State-Zip: | ATLANTA GA 30363 |

| | |
|---|---|
| Title | SECRETARY |
| Name | DRAKE, SHANNON |
| 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: SHANNON DRAKE SECRETARY 04/30/2021

Electronic Signature of Signing Officer/Director Detail — Date