

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90066 034 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2645333**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	CFOT COLLURA, JOHN J 3 HUNTINGTON QUADRANGLE, 2 SO. MELVILLE NY 11747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLECHSCHMIDT, EDWARD A 3 HUNTINGTON QUADRANGLE, 2 SO. MELVILLE NY 11747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MALONE, RONALD A 3 HUNTINGTON QUADRANGLE, 2 SO. MELVILLE NY 11747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC MA, PATRICIA C 3 HUNTINGTON QUADRANGLE, 2 SO MELVILLE NY 11747	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT POTAPCHUK, JOHN 3 HUNTINGTON QUADRANGLE MELVILLE NY 11747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWARTZ, RUTH 3 HUNTINGTON QUADRANGLE, 2 SO MELVILLE NY 11747	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO/D Vernon A. Perry 3 Huntington Quad., 2 S Melville, N.Y. 11747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO/D Ronald A. Malone 3 Huntington Quad., 2 S Melville, N.Y. 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CFo/IT/S John R. Potapchuk 3 Huntington Quad., 2 S Melville, N.Y. 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Rider Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John R. Potapchuk* **2/24/03** Date **631-501-7000** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

90041510

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GENTIVA CERTIFIED HEALTHCARE CORP.

3 Huntington Quadrangle, 2 South
Melville, NY 11747

Date of Incorp: 4/19/83

State of Incorp. Delaware

Directors: Ronald A. Malone
Vernon A. Perry

Officers:

Ronald A. Malone	Chairman of the Board, CEO
Vernon A. Perry	President and Chief Operating Officer
John Potapchuk	SVP, Chief Financial Officer, Treasurer & Secretary
Robert Creamer	SVP & Chief Information Officer
Christopher Anderson	VP & Chief Compliance Officer
Ruth Schwartz	Assistant Secretary

Federal ID# 11-2645333

Registered Agent: XL Corporate Services, Inc.
15 East North Street
Dover, DE 19901