


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90015 023 \*\*\*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
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**94018578**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-2645333</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6.-Name and Address of Current Registered Agent  
**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**  
 4435 OLD WINTER GARDEN ROAD  
 ORLANDO, FL 32802

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD PERRY, VERNON A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MALONE, RONALD A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTS POTAPCHUCK, JOHN R 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWARTZ, RUTH 3 HUNTINGTON QUADRANGLE, 2 SO MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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. Potapchuck Date: 2/13/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_