


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2645333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2005 Fee will be \$550.00

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

U00000195330
 01/26/05-80023-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCOD
NAME	PERRY, VERNON A
STREET ADDRESS	3 HUNTINGTON QUAD, 2S
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	CEOD
NAME	MALONE, RONALD A
STREET ADDRESS	3 HUNTINGTON QUAD, 2S
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	SCTS
NAME	POTAPCHUCK, JOHN R
STREET ADDRESS	3 HUNTINGTON QUAD, 2S
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	AS
NAME	SCHWARTZ, RUTH
STREET ADDRESS	3 HUNTINGTON QUADRANGLE, 2 SO
CITY-ST-ZIP	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. Potapchuk 1/7/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #