


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90185 029 \*\*\*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**

40054696



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04052006 Chg-P CR2E034 (11/05)

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**

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

**7. Name and Address of Now Registered Agent**

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, 2006 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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MALONE, RONALD A 3 HUNTINGTON QUAD, 2S MELVILLE, NY 11747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCTS POTAPCHUCK, JOHN R 3 HUNTINGTON QUAD, 2S 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Strange, H. Anthony 3 Huntington Quadrangle, Ste 200S Melville, NY 11747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP S D Paige, Stephen B. 3 Huntington Quadrangle, Ste 200S Melville, NY 11747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Stephen B Paige 4/12/06 631547210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #