

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22747

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: GENTIVA CERTIFIED HEALTHCARE CORP.

**Current Principal Place of Business:**

3 HUNTINGTON QUADRANGLE  
2 SO.  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

3 HUNTINGTON QUADRANGLE  
2 SO.  
MELVILLE, NY 11747

**New Mailing Address:**

FEI Number: 11-2645333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: STRANGE, TONY  
Address: 3350 RIVERWOOD PKWY, STE1400  
City-St-Zip: ATLANTA, GA 30339

Title: CEOD ( ) Delete  
Name: MALONE, RONALD A  
Address: 3 HUNTINGTON QUAD, 2S  
City-St-Zip: MELVILLE, NY 11747

Title: EVPT ( ) Delete  
Name: POTAPCHUCK, JOHN R  
Address: 3 HUNTINGTON QUAD, 2S  
City-St-Zip: MELVILLE, NY 11747

Title: AS ( ) Delete  
Name: SCHWARTZ, RUTH  
Address: 3 HUNTINGTON QUADRANGLE, 2 SO  
City-St-Zip: MELVILLE, NY 11747

Title: SVPS ( ) Delete  
Name: PAIGE, STEPHEN B  
Address: 3 HUNTINGTON QUADRANGLE STE 2005  
City-St-Zip: MELVILLE, NY 11747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CHMN (X) Change ( ) Addition  
Name: MALONE, RONALD A  
Address: 3 HUNTINGTON QUAD, 2S  
City-St-Zip: MELVILLE, NY 11747

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN B. PAIGE

SVPS

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date