

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22747

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC5477988138**

**Entity Name:** GENTIVA CERTIFIED HEALTHCARE CORP.

**Current Principal Place of Business:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339

**Current Mailing Address:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339

**FEI Number:** 11-2645333

**Certificate of Status Desired:** No

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title P D  
Name STRANGE, TONY  
Address 3350 RIVERWOOD PKWY, STE1400  
City-State-Zip: ATLANTA GA 30339

Title CHMN  
Name STRANGE, TONY  
Address 3350 RIVERWOOD PARKWAY, STE.  
1400  
City-State-Zip: ATLANTA GA 30339

Title T D  
Name SLUSSER, ERIC R  
Address 3350 RIVERWOOD PARKWAY, STE.  
1400  
City-State-Zip: ATLANTA GA 30339

Title S D  
Name CAMPERLENGO, JOHN N  
Address 3350 RIVERWOOD PARKWAY, STE.  
1400  
City-State-Zip: ATLANTA GA 30339

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN N CAMPERLENGO

**SECRETARY**

**04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date