

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22747

**FILED  
Apr 20, 2015  
Secretary of State  
CC0705339786**

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

**Current Principal Place of Business:**

680 SOUTH FOURTH STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

680 SOUTH FOURTH STREET  
LOUISVILLE, KY 40202 US

**FEI Number: 11-2645333**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           LANDENWICH, JOSEPH L  
Address        680 SOUTH FOURTH STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           DIRECTOR  
Name           CUNANAN, STEPHEN  
Address        680 SOUTH FOURTH STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           DIRECTOR  
Name           CURNUTTE, DOUGLAS L  
Address        680 SOUTH FOURTH STREET  
City-State-Zip: LOUISVILLE KY 40202

*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: DOUGLAS L CURNUTTE**

**DIRECTOR**

**04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date