

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation					
000488869	Gentiva Hospice Foundation					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Texas	To support and educate persons and organizations dealing with life limiting illnesses					
5. Principal office address 7801 Mesquite Bend Driv	ve, Suite 1	05	City Irving	State TX	Zip 75063	
6. LIST <u>ALL</u> OFFICERS (NAME	S AND ADDR	ESSES) ("X" BOX FO				
President Name Jeff Shaner			Vice-President Name Sally A. Parnell			
Street Address 3350 Riverwood Parkway	y, Ste. 140	0	• •	Street Address 7801 Mesquite Bend Drive, Suite 105		
City	State	Zip	City	State	Zip	
Atlanta	GA	30339	Irving	TX	75063	
Secretary Name John N. Camperlengo	•		Treasurer Name John N. Camperlengo			
Street Address 3350 Riverwood Parkway, Ste. 1400		Street Address 3350 Riverwood Parkway, Ste. 1400				
City	State	Zip	City	State	Zip	
Atlanta	GA	30339	Atlanta	GA	30339	
7. LIST ALL DIRECTORS (NAM ("X" BOX FOR ATTACHMEN"		DRESSES). RHODE IS	LAND CORPORATIONS <u>MUST</u> LI	ST NO LESS THAN	THREE (3) DIRECTORS	
Director Name			Director Name			
Jeff Shaner			Sally A. Parnell			
Street Address			Street Address			
3350 Riverwood Parkway	y, Ste. 140	0	7801 Mesquite Bend I	Drive, Suite 105		
City	State	Zip	City	State	Zip	
Atlanta	GA	30339	Irving	TX	75063	
Director Name			Director Name			
John N. Camperlengo			Tom Rollerson			
Street Address			Street Address			
3350 Riverwood Parkway, Ste. 1400		1528 Chapala Street, Ste. 304				
City	State	Zip	City	State	Zip	
Atlanta	GA	30339	Santa Barbara	CA	93101	
8. REGISTERED AGENT IN RH						
			ary of State. Changes require filin			
This report must be s	igned by eithe	er the President, Vice-F	President, Secretary, Assistant Secre	tary, Treasurer, Reci	eiver or Trustee	

	FILED			
File Date	JUN 15 2012	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check No	- By MMC	SollBrell	06/04/2012	
Ву:	- B 1/2 0000	Signature of Officer	Date	
FOR SECRETARY OF STATE USE	ONLY # 20335	Print or Type Name of Officer	<u> </u>	
ionn: No. 631		Vice President -	Chilcal	
tevised: 05/2012		Title of Officer		

Asvised: 05/2012

Attachment 1

Gentiva Hospice Foundation

Officers & Key Employees:

Sharon E. Anderson – Executive Director 7801 Mesquite Bend Drive, Suite 105 Irving, TX 75063 972-373-3825

FILED

JUN 15 2012

by <u>mme</u> LD # 488869