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8 Huntington Quadrangle 2B
Melville, NY 11747
www.gentiva.com

October 13, 2004

VIA OVERNIGHT MAIL

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Gentiva Health Services Inc., PAC (GentivaPAC)

Dear Federal Election Commission:

Enclosed please find an original completed Statement of Organization Form 1 for the above-referenced corporation. Kindly file same.

If you have any question please feel free to call me at 631-501-7265.

Sincerely,

A handwritten signature in black ink that reads "Kevin Matrizzo".

Kevin Matrizzo
Assistant Vice President
Assistant General Counsel

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

GENTIVA HEALTH SERVICES INC PAC

(GENTIVAPAC)

ADDRESS (number and street) 1 HUNTINGTON QUADRANGLE

(Check if address is changed) SUITE 2005 MELVILLE NY 11747-1462

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 11 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN POSAPCHUK

Signature of Treasurer [Signature] Date 10 13 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Ballot:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

GENTIVA HEALTH SERVICES, INC

Mailing Address

10 HUNTINGTON QUAYRANELL

SUITE 200B

MELABLER

NY

11747-9627

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

CONNECTED

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

GENTIVA HEALTH SERVICES, INC PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name JOHN POTARCHUK

Mailing Address 3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE NY 11747-4627

Title or Position
TREASURER

CITY STATE ZIP CODE
NY 11747-4627

Telephone number 631-591-7035

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JOHN POTARCHUK

Mailing Address 3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE NY 11747-4627

Title or Position
TREASURER

CITY STATE ZIP CODE
NY 11747-4627

Telephone number 631-591-7035

Full Name of Designated Agent CHRIS ANDERSON

Mailing Address 3 HUNTINGTON QUADRANGLE
SUITE 200S
MELVILLE NY 11747-4627

Title or Position
ASSTANT TREASURER

CITY STATE ZIP CODE
NY 11747-4627

Telephone number 631-591-7390

5. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

P.O. BOX 31900

TAMPA

FL

33631

3300

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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