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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11100 Mead Road, Suite 300 • Baton Rouge, Louisiana 70816
Phone: 225.292.2031 • Fax: 225.295.9624
amedisys.com

Amedisys Home Health Services

Via UPS Next Day

February 27, 2006

Office of Secretary of State
ATTN: Registration Section, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Arnica Therapy Services, LLC

Dear Sir or Madam:

Please find enclosed the Amedisys, Inc. check number **217074**, in the amount of **\$155.00**, along with the filing fees and the application for certificate of authority for a foreign limited liability company for **Arnica Therapy Services, LLC**.

Please send a certified copy of the processing to:

Amedisys, Inc.
Attn: Celeste Rasmussen
11100 Mead Road, Suite 300
Baton Rouge, LA 70816-2260

If further documentation or information is required, please contact me at (225) 292-2031, extension 3450.

Sincerely,



Starlett R. Barbre
Administrative Assistant

/srb

/Enclosure(s)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arnica Therapy Services, L.L.C.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Celeste Rasmussen
(Name of Person)

Amedisys, Inc.
(Firm/Company)

11100 Mead Road, Suite 300
(Address)

Baton Rouge, LA 70816
(City/State and Zip Code)

For further information concerning this matter, please call:

Celeste Rasmussen at (225) 298-6366
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Arni Neysa
2885.*

March 2, 2006

FAX 850-245-6030

CELESTE RASMUSSEN
11100 MEAD ROAD, SUITE 300
BATON ROUGE, LA 70816-2260

SUBJECT: ~~ARNICA THERAPY SERVICES, L.L.C.~~
Ref. Number: W06000010315

*Orig. Filing Date
of 3/1/06!
+
CC*

We have received your document for ARNICA THERAPY SERVICES, L.L.C. and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

You must complete the ~~Certificate of Designation Form.~~

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

*From
Dewi-CT
Thank you*

Naysa Culligan
Document Specialist

Letter Number: 706A00014676

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Arnica Therapy Services, L.L.C.
(Name of Foreign Limited Liability Company)

2. Louisiana 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/09/05 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 11100 Mead Road, Suite 300
Baton Rouge, LA 70816
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Amedisys Holding, L.L.C.

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TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Therapy
staffing services

Ce Rasmussen
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Celeste Rasmussen, Assistant Secretary
Typed or printed name of signee Amedisys Holding, L.L.C.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Arnica Therapy Services, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation FL 33324
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Victor Alfano
(Signature)

**Victor Alfano
Assistant Secretary**

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

United States of America
State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

ARNICA THERAPY SERVICES, L.L.C.

A limited liability company domiciled in BATON ROUGE,
LOUISIANA,

Filed charter and qualified to do business in this State on
December 9, 2005,

I further certify that the records of this Office indicate
the company has paid all fees due the Secretary of State,
and so far as the Office of the Secretary of State is
concerned, is in good standing and is authorized to do
business in this State.

I further certify that this certificate is not intended to
reflect the financial condition of this company since this
information is not available from the records of this
Office.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
February 21, 2006

Secretary of State
36068147K



Certificate ID: 20060221009396

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.

www.sos.louisiana.gov