

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001807

FILED
Jan 05, 2007
Secretary of State

Entity Name: ARNICA THERAPY SERVICES, L.L.C.

Current Principal Place of Business:

11100 MEAD ROAD, SUITE 300
BATOU ROUGE, LA 70816

New Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD
BATOU ROUGE, LA 70816

Current Mailing Address:

11100 MEAD ROAD, SUITE 300
BATOU ROUGE, LA 70816

New Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD
BATOU ROUGE, LA 70816

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMEDISYS HOLDINGS, L, .L.C.
Address: 11100 MEAD ROAD, SUITE 300
City-St-Zip: BATOU ROUGE, LA 70816

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMEDISYS HOLDINGS, L, .L.C.
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATOU ROUGE, LA 70816

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CELESTE PEIFFER

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01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date