

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001807

FILED
Mar 06, 2008
Secretary of State

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

Current Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD
BATOU ROUGE, LA 70816

New Principal Place of Business:

Current Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD
BATOU ROUGE, LA 70816

New Mailing Address:

FEI Number: 20-3909282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATOU ROUGE, LA 70816

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: GRAHAM, LARRY
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

Title: VPD () Change (X) Addition
Name: BORNE, WILLIAM
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, L 70816

Title: T () Change (X) Addition
Name: GINN, SCOTT
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

Title: S () Change (X) Addition
Name: PEIFFER, CELESTE R
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

I hereby certify that the information supplied with this filing does not qualify 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 R PEIFFER

S

03/06/2008

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