

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001807

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

New Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

Current Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

New Mailing Address:

FEI Number: 20-3909282 FEI Number Applied For () FEI Number Not Applicable () 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: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

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

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

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

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

ADDITIONS/CHANGES:

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

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

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

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

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

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 PEIFFER

S

04/24/2009

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