

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001807

FILED
Mar 23, 2010
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:

Current Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

New Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

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
Name: AMEDISYS HOLDINGS, L.L.C.
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

Title: P
Name: BORNE, WILLIAM
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

Title: VP
Name: REDMAN, DALE
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

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

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

I hereby 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

SEC

03/23/2010

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