

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B04000000385

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** ACCUMED HEALTH SERVICES, L.P.

**Current Principal Place of Business:**

5959 S. SHERWOOD FOREST BLVD.  
BATON ROUGE, LA 70816

**New Principal Place of Business:**

C/O AMEDISYS, INC.  
5959 S. SHERWOOD FOREST BLVD.  
BATON ROUGE, LA 70816

**Current Mailing Address:**

5959 S. SHERWOOD FOREST BLVD.  
BATON ROUGE, LA 70816

**New Mailing Address:**

C/O AMEDISYS, INC.  
5959 S. SHERWOOD FOREST BLVD.  
BATON ROUGE, LA 70816

**FEI Number:** 20-1539447

**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

**GENERAL PARTNER INFORMATION:**

Document #: M04000003559  
Name: ACCUMED GENPAR, L.L.C.  
Address: 5959 S. SHERWOOD FOREST BLVD.  
City-St-Zip: BATON ROUGE, LA 70816

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ACCUMED GENPAR, L.L.C.

GP

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date