## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003804

Entity Name: HOUSECALL MEDICAL RESOURCES, INC.

FILED Feb 01, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
C/O AMEDI 11100 MEA BATON RO		6			
Current Mailing Address:			New Mailing Address:		
C/O AMEDISYS 11100 MEAD RD. #300 BATON ROUGE, LA 70816					
FEI Number: 58-2114917 FEI Number Applied For ( ) FEI Number			ımber Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US					
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				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HELLER, JOHN F	INT BLVD SUITE 100	Title: Name: Address: City-St-Zip:	DV (X) Change ( ) Addition BORNE, WILLIAM 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816	
Title: Name: Address: City-St-Zip:	S () D MORRIS, JOHN E 6501 DEANE HILI KNOXVILLE, TN	L DRIVE	Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition GRAHAM, LARRY 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA	
Title: Name: Address: City-St-Zip:	AS () D DANIELS, CARRI 6501 DEANE HILI KNOXVILLE, TN	L DRIVE	Title: Name: Address: City-St-Zip:	DT (X) Change ( ) Addition BROWNE, GREGORY 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816	
Title: Name: Address: City-St-Zip:	AS () D MEADOR, LINDA 6501 DEANE HILI KNOXVILLE, TN		Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition RASMUSSEN, CELESTE 11100 MEAD ROAD, SUITE 300 BATON ROUGE, LA 70816	
Title: Name: Address: City-St-Zip:	DAHL, ALAN	PKWY SUITE 260 30092	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EATON, J. STEPH	PKWY SUITE 260	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE RASMUSSEN S 02/01/2006