

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003804

FILED
Apr 24, 2009
Secretary of State

Entity Name: HOUSECALL MEDICAL RESOURCES, INC.

Current Principal Place of Business:

C/O AMEDISYS
5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

New Principal Place of Business:

Current Mailing Address:

C/O AMEDISYS
5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

New Mailing Address:

FEI Number: 58-2114917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (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 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 PEIFFER

S

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date