## F9800000930

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: Amedisys Alternate-Site Infusion The (Name of corporation - must include suffix)	erapy Services, Inc.
(Name of corporation - must include suffix)	
Dear Sir or Madam:	1024322949 02/17/9801014002 *****70.00 *****70.00
The enclosed "Application by Foreign Corporation for Authorization to Transact Bu "Certificate of Existence", and check are submitted to register the above referenced transact business in Florida.	usiness in Florida", foreign corporation to
Please return all correspondence concerning this matter to the following:	98 FEB
Michael D. Lutaring (Name of Person)	- 3 17 F
HMEDISUS, INC. (Firm/Company)	F STATE POR ALICE
3029 3- Sherwood Forest Bl. (Address)	<u>vd.</u> , Suite 300
Baton Rouge, Louisiana, 70816 (City/State/Zip)	

Should you need to call someone concerning this matter, please call:

Michael D. Lutgring at (504) 292-203 |
(Name of Person) (Area Code & Daytime Telephone Number)

## **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

## **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Amedisys Alternate - Site Infusion Therapy Services, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. Lowisiana
(State or country under the law of which it is incorporated)

3. 72-136566
(FEI number, if applicable) 4. April 15, 1997

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual") 6. M/H (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) Baton Rouge, Louisiana 70816 (Current mailing address) 8. Engage in any lawful activity for which corporations may be formed (Purpose(s) of corporation authorized in home state of country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated

in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)

Victor Alfano, Asst. Secy.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) 5. Sherwood Forest Blid. Suite 300 Baton Kouge, 1A 70816 Vice Chairman: Sherwood Forest Blud. Suite 300 Director: Larry Graham Sherwood Forest Blud. Suite 300 Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Stephen L. Taglianetti Address: 3029 5. Sherwood Forest Blud. Suite 300 Baton Rouge, LA 70816 Vice President: 4) illiam F. Borae 5. Sherwood Forest Blud. Suite 300 Baton Rouge, LA 70816 Larry Graham Sherwood Forest Blud. Suite 300 Sherwood Forest Blud, Suite 300 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14.

(Typed or printed name and capacity of person signing application)



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Incorporation of

AMEDISYS ALTERNATE-SITE INFUSION THERAPY SERVICES, INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on April 15, 1997,

I further certify that no Certificate of Dissolution has been issued.

98 FEB 17 PM 12: 21

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Febrµary 11∧ 1998

CBU \_\_\_\_

Secretary of State

