

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 12 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F98000000930

1. Corporation Name

Amedisys Alternate-Site Infusion Therapy Services, Inc.

2. Principal Office Address

11100 Mead Road

Suite, Apt. #, etc.

Ste 300

City & State

Baton Rouge, LA

Zip

70816

Country

USA

3. Mailing Office Address

11100 Mead Road

Suite, Apt. #, etc.

Ste 300

City & State

Baton Rouge, LA

Zip 70816

Country USA

REINSTATEMENT 99-10

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/17/1998

5. FEI Number

72-1365661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A. Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

6-5-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/S	Michael D. Lutgring	11100 Mead Road, Ste 300	Baton Rouge, LA 70816
C/V	William F. Borne	11100 Mead Road, Ste 300	Baton Rouge, LA 70816
D/P/T	Larry R. Graham	11100 Mead Road, Ste 300	Baton Rouge, LA 70816

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Larry Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Graham

6/1/00

Date

225-292-2031

Daytime Phone #

CR2E081 (9/99)