# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2004**
**Secretary of State**

DOCUMENT# F98000000930

**Entity Name:** AMEDISYS ALTERNATE-SITE INFUSION THERAPY SERVICES, INC.

**Current Principal Place of Business:**

11100 MEAD ROAD
SUITE 300
BATON ROUGE, LA 70816

**New Principal Place of Business:**

**Current Mailing Address:**

11100 MEAD ROAD
SUITE 300
BATON ROUGE, LA 70816

**New Mailing Address:**

**FEI Number: 72-1365661** **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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete
Name: LUTGRING, MICHAEL D
Address: 11100 MEAD ROAD, STE. 300
City-St-Zip: BATON ROUGE, LA 70816

Title: CV ( ) Delete
Name: BORNE, WILLIAM F
Address: 11100 MEAD ROAD, STE. 300
City-St-Zip: BATON ROUGE, LA 70816

Title: DP ( ) Delete
Name: GRAHAM, LARRY R
Address: 11100 MEAD ROAD, STE. 300
City-St-Zip: BATON ROUGE, LA 70816

Title: T ( ) Delete
Name: BROWNE, GREGORY
Address: 11100 MEAD RD STE 300
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY R GRAHAM DP 04/07/2004
Electronic Signature of Signing Officer or Director Date