F980000004544

TO: Qualification/Tax Lien Section Division of Corporations
SUBJECT: A medisys Nursing Services, Inc. (Name of corporation - must include suffix)
Dear Sir or Madam: 500026114855 -08/10/9801053003 ******70.00 ******70.00
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Michael D. Lutaring (Name of Person) Amedisys, Inc (Firm/Company) 3029 S. Sherwood Forest Blud. (Address) Baton Rouge, Louisiana, 70876 8/10
Should you need to call someone concerning this matter, please call:
(Name of Person) at (504) 295-9625 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. 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:

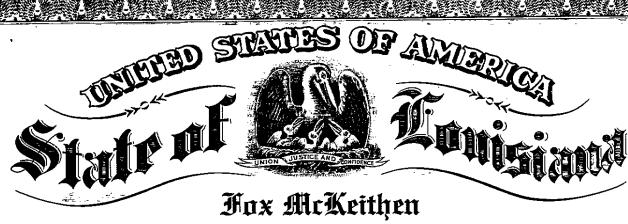
Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Louisiana 72-1148968 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 16, 1988 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
2-20 0 0 1 1 7
Baton Rouge, LA 70816 (Current mailing address)
(Current mailing address) 8. Professional & Clerical Staffing (Purpose(s) of corporation authorized in home state or country to be carried out in the 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 , Florida , 33324 (Zip Code)
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. Secret
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) Chairman: Forst Bl Address: 70816 Vice Chairman: Address: Director: Forest Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: -orcet Address: Treasurer: Address: 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)

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

14.



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that AMEDISYS NURSING SERVICES, INC.

A LOUISIANA corporation domiciled at GREENWELL SPRINGS,

Filed charter and qualified to do business in this State on June 16, 1988,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

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,

July 22, 1998

Secretary of Stat

CBU

