

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001807

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ARNICA THERAPY SERVICES, L.L.C.

## Current Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD  
BATON ROUGE, LA 70816

## New Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD  
BATON ROUGE, LA 70816

## Current Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD  
BATON ROUGE, LA 70816

## New Mailing Address:

FEI Number: 20-3909282      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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AMEDISYS HOLDINGS, L.L.C.  
Address: 5959 S SHERWOOD FOREST BOULEVARD  
City-St-Zip: BATON ROUGE, LA 70816

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

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

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

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

## ADDITIONS/CHANGES:

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: T (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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CELESTE PEIFFER

S

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date