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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

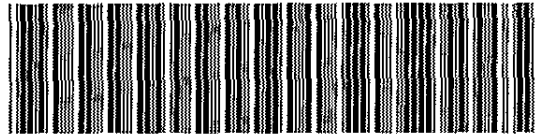
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Writer's Direct Line (850) 425-5482

October 19, 2006

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TALLAHASSEE, FLORIDA

## VIA HAND DELIVERY

Division of Corporation  
Registration Section  
2661 Executive Center Circle, West  
Tallahassee, Florida 32301

Re: Amedisys Hospice, LLC.

Dear Sir or Madam:

The enclosed original and one copy of the "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" and a Certificate of Good Standing are submitted to register the above referenced foreign limited liability company to transact business in Florida. This firm's check in the amount of \$155.00, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee, is also enclosed.

Please have someone telephone me at 425-5482 when the certified copy and the certificate of filing are ready and I will arrange for our messenger return to pick them up.

Sincerely,



Adrienne U. Francis  
Paralegal

Enclosures

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

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TALLAHASSEE, FLORIDA

1. Amedisys Hospice, L.L.C.  
(Name of Foreign Limited Liability Company)
2. Louisiana  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-0678073  
(FEI number, if applicable)
4. January 26, 2004  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 11100 Mead Road, Suite 300  
Baton Rouge, Louisiana 70816  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Amedisys, Inc. - Sole Member/Manager  
11100 Mead Road, Suite 300  
Baton Rouge, Louisian 70816

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Home hospice services.

John T. Leadbeater  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John T. LEADBEATER

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Amedisys Hospice, L.L.C.**

2. The name and the Florida street address of the registered agent and office are:

**John Timothy Leadbeater**

(Name)

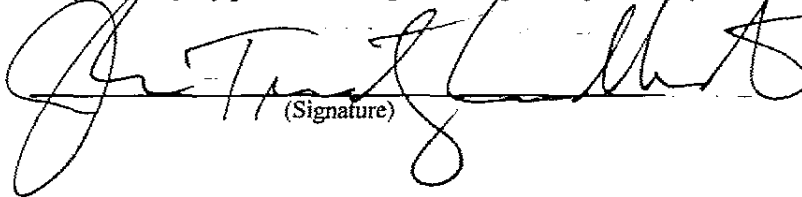
**227 South Calhoun Street**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Tallahassee, FL 32301**

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# United States of America

## State of Louisiana



As Secretary of State, Al Ater, I do hereby Certify that

**AMEDISYS HOSPICE, L.L.C.**

A limited liability company domiciled in BATON ROUGE,  
LOUISIANA,

Filed charter and qualified to do business in this State on  
January 26, 2004,

I further certify that the records of this Office indicate  
the company 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 company 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,  
October 19, 2006

Secretary of State  
35635384K



Certificate ID: 20061019002900

To validate this certificate, visit the following web site,  
go to **Commercial Division, Validate Certificate**, then  
follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)