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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP.

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

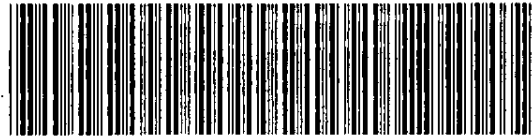
Special Instructions to Filing Officer:

**L. SELLERS**

MAY 11 2011

**EXAMINER**

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**FILED**

11 MAY -6 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AccuMed Genpar, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Celeste Peiffer

Name of Person

Amedisys, Inc.

Firm/Company

5959 S. Sherwood Forest Blvd.

Address

Baton Rouge, LA 70816

City/State and Zip Code

entities@amedisys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Wadhwani

Name of Person

at 225

292-2031

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

5959 South Sherwood Forest Boulevard • Baton Rouge, Louisiana 70816  
Phone: 225.292.2031 • Fax: 225.298.6435  
amedisys.com

## Amedisys Home Health Services

*Via FedEx Standard Overnight*

May 5, 2011

Florida Department of State  
**Attn: Division of Corp / Registration Section**  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

**RE: Application for Authority of a Foreign LLC:**  
**AccuMed GenPar, LLC**

Dear Sir or Madam:

Please find enclosed our application for the foreign limited liability company for **AccuMed GenPar, LLC**, to transact business in the State of Florida, along with the Certificate of Designation of Registered Agent and Amedisys, Inc. check #489948 in the amount of **\$125.00** to cover the cost of this filing fee. A good standing certificate from the entity's domicile State of Texas has been provided for your reference.

Please note that this entity was inadvertently unqualified back in February and was advised this was the method to have it re qualified in the state. If this is incorrect, documentation or information is required, please contact me at (225) 292-2031, extension 3908.

Sincerely,



Allison Wadhvani  
Paralegal / Legal Department  
Amedisys, Inc.

*Enclosure(s)*

**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:*

**1. AccuMed Genpar, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. Texas**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 20-1539423**

(FEI number, if applicable)

**4. April 14, 2004**

(Date of Organization)

**5. perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 5959 S. Sherwood Forest Blvd.**

**Baton Rouge, LA 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:

AccuMed Holding Corp. (managing member)

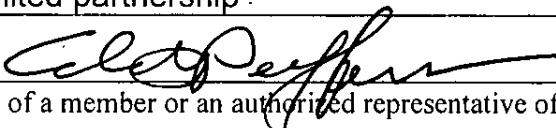
5959 S. Sherwood Forest Blvd.

Baton Rouge, LA 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:

General Partner to a limited partnership.

  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Celeste Peiffer, Secretary

Typed or printed name of signee

**FILED**  
11 MAY - 6 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

AccuMed GenPar, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

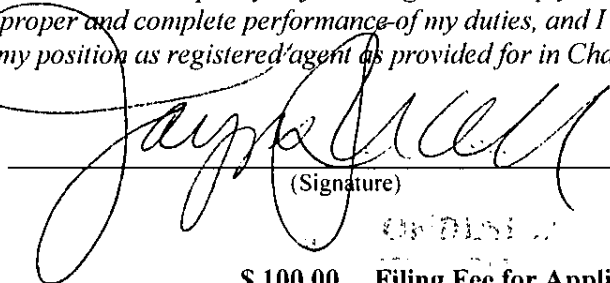
2. The name and the Florida street address of the registered agent and office are:

C T Corporation System OF DESIGN  
(Name)

1200 South Pine Island Road  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324  
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) **Jayna Nickell**  
**Asst. Secretary**

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

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

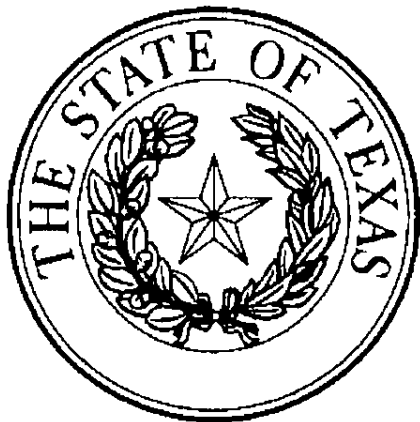
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for AccuMed Genpar, L.L.C. (file number 800327851), a Domestic Limited Liability Company (LLC), was filed in this office on April 08, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 03, 2011.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State