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(Business Entity Name)

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OCT - 5 2011

EXAMINER

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11 OCT - 4 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Housecall Home Health, L.L.C.
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 at (225) 292-2031

Name of Person

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 Priority Overnight

October 3, 2011

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

**RE: Housecall Home Health, Inc.
FL#: P22541**

Dear Sir or Madam:

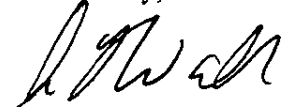
Effective October 1, 2011, Housecall Home Health, Inc., a Tennessee corporation converted into a limited liability company. It operates under a certificate of authority to do business in the State of Florida. We would like to file the following documents in the order listed to effect a change in the entity type with your office.

First, we request you file the enclosed Withdrawal of Authority for Housecall Home Health, Inc. Amedisys check #504723 in the amount of \$35.00 is included to cover the filing fee for this transaction.

Secondly, please file the certificate of authority application for the converted Housecall Home Health, LLC, a Tennessee limited liability company to transact business in the State of Florida. Included with that application is the required agreement from our registered agent, a good standing certificate from its domestic jurisdiction, Tennessee and Amedisys, Inc check #504724 in the amount of \$125.00 to cover the filing fee for this application.

If further 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. Housecall Home Health, L.L.C.

(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. Tennessee

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

3. 62-1179055

(FEI number, if applicable)

4. 10/1/2011

(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. 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:

Amedisys Holding, L.L.C.

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: _____

home health care services


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 OCT -4 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Baker Donelson Bearman Caldwell & Berkowitz

October 3, 2011

211 Commerce St
Ste 800 Commerce crt
Q
NASHVILLE, TN 37201

Request Type: Certificate of Existence/Authorization

Issuance Date: 10/03/2011

Request #: 0048521

Copies Requested: 1

Document Receipt

Receipt #: 549006

Filing Fee: \$20.00

Payment-Check/MO - Baker Donelson Bearman Caldwell & Berkowitz, NASHVILLE, TN

\$20.00

Regarding: Housecall Home Health, L.L.C.

Filing Type: Limited Liability Company - Domestic

Control #: 136087

Formation/Qualification Date: 12/15/1983

Date Formed: 12/15/1983

Status: Active

Formation Locale: Davidson County

Duration Term: Perpetual

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Housecall Home Health, L.L.C.

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

**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:

Housecall Home Health, L.L.C.

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:

CT Corporation System

(Name)

1200 South Pine Island Road

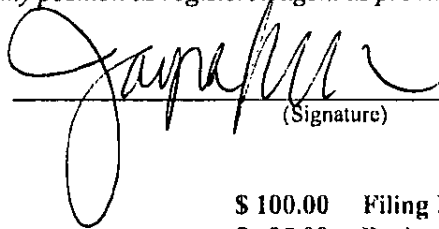
Florida Street Address (P.O. Box NOT ACCEPTABLE)

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)