2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# P00000097103

Entity Name: AMEDISYS HOME HEALTH, INC. OF FLORIDA

Current Principal Place of Business:

11100 MEAD ROAD
SUITE 300
BATON ROUGE, LA 70816

New Principal Place of Business:

Current Mailing Address:

11100 MEAD ROAD
SUITE 300
BATON ROUGE, LA 70816

New Mailing Address:

FEI Number: 59-3678437 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GRAHAM, LARRY
Address: 11100 MEAD RD., #300
City-St-Zip: BATON ROUGE, LA 70816

Title: DV ( ) Delete
Name: BORNE, WILLIAM F
Address: 11100 MEAD RD., #300
City-St-Zip: BATON ROUGE, LA 70816

Title: DS ( ) Delete
Name: LUTGRING, MICHAEL D
Address: 11100 MEAD RD., #300
City-St-Zip: BATON ROUGE, LA 70816

Title: T ( ) Delete
Name: BROWNE, GREGORY
Address: 11100 MEAD ROAD, #300
City-St-Zip: BATON ROUGE, LA 70816

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GRAHAM, LARRY
Address: 11100 MEAD ROAD, SUITE 300
City-St-Zip: BATON ROUGE, LA 70816

Title: DV (X) Change ( ) Addition
Name: BORNE, WILLIAM F
Address: 11100 MEAD ROAD, SUITE 300
City-St-Zip: BATON ROUGE, LA 70816

Title: S (X) Change ( ) Addition
Name: RASMUSSEN, CELESTE E
Address: 11100 MEAD ROAD, SUITE 300
City-St-Zip: BATON ROUGE, LA 70816

Title: DT (X) Change ( ) Addition
Name: BROWNE, GREGORY
Address: 11100 MEAD ROAD, SUITE 300
City-St-Zip: BATON ROUGE, LA 70816

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELESTE RASMUSSEN S 02/01/2006

Electronic Signature of Signing Officer or Director — Date