2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P00000097103

Entity Name: AMEDISYS HOME HEALTH, INC. OF FLORIDA

Current Principal Place of Business:

5959 S SHERWOOD FOREST BOULEVARD
BATON ROUGE, LA 70816

New Principal Place of Business:

Current Mailing Address:

5959 S SHERWOOD FOREST BOULEVARD
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

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: REDMAN, DALE
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

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

Title: T
Name: DOLAN, TOM
Address: 5959 S SHERWOOD FOREST BOULEVARD
City-St-Zip: BATON ROUGE, LA 70816

Title: VPD
Name: SNOW, MICHAEL
Address: 5959 S SHERWOOD FOREST BLVD
City-St-Zip: BATON ROUGE, LA 70816

I hereby 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 all other like empowered.

SIGNATURE: CELESTE R PEIFFER S 04/29/2011

Electronic Signature of Signing Officer or Director — Date