


FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90058 020 ***558.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000097103					
1. Entity Name AMEDISYS HOME HEALTH, INC. OF FLORIDA					
Principal Place of Business 11100 MEAD RD., #300 BATON ROUGE, LA 70816			Mailing Address 11100 MEAD RD., #300 BATON ROUGE, LA 70816		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3878437	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when appointing)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAHAM, LARRY		NAME		
STREET ADDRESS	11100 MEAD RD., #300		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORNE, WILLIAM F		NAME		
STREET ADDRESS	11100 MEAD RD., #300		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTGRING, MICHAEL D		NAME		
STREET ADDRESS	11100 MEAD RD., #300		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE, LA 70816		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Browne, Gregory #300	
STREET ADDRESS			STREET ADDRESS	11100 Mead Rd.,	
CITY-ST-ZIP			CITY-ST-ZIP	Baton Rouge, LA 70816	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Larry Graham</i>			6/16/03 225-292-2031		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2034 (10/02)