

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122724

Entity Name: ADVENTA HOSPICE, INC.

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

C/O AMEDISYS  
11100 MEAD RD. #300  
BATON ROUGE, LA 70816

## New Principal Place of Business:

## Current Mailing Address:

C/O AMEDISYS  
11100 MEAD RD. #300  
BATON ROUGE, LA 70816

## New Mailing Address:

FEI Number: 02-0674282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CSC  
1201 HAYESTREET  
STE 105  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: HELLER, JOHN F III  
Address: 1400 CENTERPOINT BLVD, STE 100  
City-St-Zip: KNOXVILLE, TN 379321979

Title: S ( ) Delete  
Name: MORRIS, JOHN  
Address: 1400 CENTERPOINT BLVD, STE 100  
City-St-Zip: KNOXVILLE, TN 379321979

Title: D ( ) Delete  
Name: DAHL, ALAN  
Address: 1400 CENTERPOINT BLVD, STE 100  
City-St-Zip: KNOXVILLE, TN 379321979

Title: AS ( ) Delete  
Name: DANIELS, CARRIE  
Address: 1400 CENTERPOINT BLVD, STE 100  
City-St-Zip: KNOXVILLE, TN 379321979

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change ( ) Addition  
Name: BROWNE, GREGORY  
Address: 11100 MEAD ROAD  
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

03/01/2006

Electronic Signature of Signing Officer or Director

Date