## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000122724

Entity Name: ADVENTA HOSPICE, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O AMEDISYS C/O AMEDISYS

11100 MEAD RD. #300 5959 S SHERWOOD FOREST BOULEVARD BATON ROUGE, LA 70816

BATON ROUGE, LA 70816

**Current Mailing Address:** New Mailing Address:

C/O AMEDISYS C/O AMEDISYS

11100 MEAD RD. #300 5959 S SHERWOOD FOREST BOULEVARD

BATON ROUGE, LA 70816 BATON ROUGE, LA 70816

FEI Number: 02-0674282 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

GRAHAM, LARRY GRAHAM, LARRY Name: Name:

11100 MEAD ROAD 5959 S SHERWOOD FOREST BOULEVARD Address: Address: City-St-Zip: BATON ROUGE, LA 70816 US City-St-Zip: BATON ROUGE, LA 70816 US

Title: Title: () Delete (X) Change ( ) Addition RASMUSSEN, CELESTE Name: Name: PEIFFER, CELESTE

11100 MEAD ROAD 5959 S SHERWOOD FOREST BOULEVARD Address: Address:

BATON ROUGE, LA 70816 BATON ROUGE, LA 70816 City-St-Zip: City-St-Zip:

Title: Title: VP. ( ) Delete VΡ (X) Change ( ) Addition BORNE, WILLIAM BORNE, WILLIAM Name: Name:

11100 MEAD ROAD 5959 S SHERWOOD FOREST BOULEVARD Address: Address:

City-St-Zip: BATON ROUGE, LA 70816 City-St-Zip: BATON ROUGE, LA 70816

Title: ( ) Delete Title: (X) Change ( ) Addition BROWNE, GREGORY LOVERICH, DONALD Name: Name:

5959 S SHERWOOD FOREST BOULEVARD Address: 11100 MEAD ROAD Address:

City-St-Zip: BATON ROUGE, LA 70816 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 PEIFFER S 01/05/2007