

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214517464
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1.) CORPORATION NAME: Amedisys Home Health, Inc. of Virginia 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 4/30/2014 SCC ID NO: 05388673 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5959 S SHERWOOD FOREST BLVD CITY/ST/ZIP: BATON ROUGE, LA 70816

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: RONALD A LABORDE TITLE: PRESIDENT ADDRESS: 5959 S SHERWOOD FOREST BLVD CITY/ST/ZIP/CO: BATON ROUGE, LA 70816	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: CELESTE R PEIFFER TITLE: SECRETARY ADDRESS: 5959 S SHERWOOD FOREST BLVD CITY/ST/ZIP/CO: BATON ROUGE, LA 70816	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CELESTE R PEIFFER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CELESTE R PEIFFER, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/1/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.