

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

3/26/2024 9:20:00 PM

Fee receipt: \$20.00

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Secretary of State  
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**Certificate of Renewal of  
Assumed Name**

**RAN**

Pursuant to the provisions of KRS 365.015(4), the undersigned hereby applies to renew an assumed name, and for that purpose, submits the following statements:

1. This certifies that the assumed name of the business entity is:

**AMEDISYS HOME HEALTH CARE**

2. The assumed name is being renewed by:

**COMPREHENSIVE HOME HEALTHCARE SERVICES, L.L.C.**

4. The business entity is organized and existing in the state or country of

**TN.**

4. The mailing address of the business entity is:

**3854 AMERICAN WAY, SUITE A, BATON ROUGE LA 70816**

5. I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**JENNIFER G. GRIFFIN**

3/26/2024