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Florida Department of State
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Division of Corporations
Fax Number : (850) 617-6383

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TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LP/LLLP**Odyssey Healthcare Management, LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Odyssey Healthcare Management, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 5/8/2001

(Date of Formation)

4. C T Corporation System

(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road, Plantation, Florida 33324

(Florida street address for Registered Agent)

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: 

Signature of Registered Agent

Michael E. Jones
Assistant Secretary

7. 717 N. Harwood St. Ste 1500 Dallas Tx. 75201

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 717 N Harwood St, Suite 1500, Dallas, TX 75201

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Odyssey HealthCare GP, LLC

(Name)

MO6-6832

717 N Harwood St, Suite 1500

(Street Address)

Dallas, TX 75201

717 N Harwood St, Suite 1500

(Mailing Address)

Dallas, TX 75201

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: upon approval

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 28th day of April, 2008

Signature of a general partner:

W. Bradley Bickham

Odysey HealthCare GP, LLC general partner by W. Bradley Bickham, Sr Vice President

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Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
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Certificate of Status (optional):	\$8.75

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ODYSSEY HEALTHCARE MANAGEMENT, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3340859 8300

080487771

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6558322

DATE: 04-30-08