

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B08000000098

FILED
Apr 24, 2009
Secretary of State

Entity Name: ODYSSEY HEALTHCARE MANAGEMENT, LP

Current Principal Place of Business:

717 N. HOWARD STREET, SUITE 1500
DALLAS, TX 75201

New Principal Place of Business:

Current Mailing Address:

717 N. HOWARD STREET, SUITE 1500
DALLAS, TX 75201

New Mailing Address:

FEI Number: 75-2923658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

GENERAL PARTNER INFORMATION:

Document #: M06000006832
Name: ODYSSEY HEALTHCARE GP, LLC
Address: 717 N. HOWARD STREET, SUITE 1500
City-St-Zip: DALLAS, TX 75201

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: R DIRK ALLISON

CFO

04/24/2009

Electronic Signature of Signing General Partner

Date