

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B08000000098

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ODYSSEY HEALTHCARE MANAGEMENT, LP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339 US

**Current Mailing Address:**

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

**New Mailing Address:**

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339 US

**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: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

I hereby 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: JOHN N CAMPERLENGO

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03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date