

**B0800000000098**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICE INC  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
ODYSSEY HEALTHCARE MANAGEMENT, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. LEWIS

APR 15 2011

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**1. ODYSSEY HEALTHCARE MANAGEMENT, LP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 05/01/2008**

Date of filing/registration in Florida

**3. B08000000098**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**C T CORPORATION SYSTEM**

Name

**1200 SOUTH PINE ISLAND ROAD**

Address

**PLANTATION FL 33324**

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**

Name

**515 EAST PARK AVE.**

Florida street address (P.O. Box not acceptable)

**TALLAHASSEE FL 32301**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

Odyssey HealthCare GP, LLC, General Partner, Jose Mojica, Pres. of GP

*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.*

Signature of Registered Agent

JOSE MOJICA, ASST. SECY.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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