B08000000098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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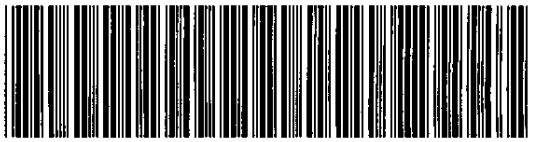

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2016 SEP -6 PM 12:57

M. MILLIGAN
EXAMINER

SEP -9

FILED
2016 SEP -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Kindred Healthcare

Writer's Fax No. (855) 642-8325
Writer's Direct Dial No. (502) 596-7044
Writer's E-mail: jenny.linet@kindred.com

August 30, 2016

Secretary of State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Notice of Cancellation for Foreign Limited Partnership

Dear Sir/Madam:

Enclosed please find a Notice of Cancellation for Foreign Limited Partnership for Odyssey Healthcare Management, LP along with the required payment in the amount of $52.50.

Please forward the file stamped copy of the Cancellation to the attention of Jenny Linet, Kindred Healthcare, 680 S. Fourth Street, Louisville, KY 40202. I have enclosed a pre-paid envelope as well for your convenience.

If you have any questions, please do not hesitate to give me a call. Thank you for your assistance.

Sincerely,

Jenny Linet

Jenny Linet
Legal Services Specialist

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odyssey Healthcare Management, LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jenny Linet
(Contact Person)

Odyssey Healthcare Management, LP
(Firm/Company)

680 South Fourth Street
(Address)

Louisville, KY 40202
(City, State and Zip Code)

For further information concerning this matter, please call:

Jenny Linet at (502) 596-7044
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $52.50 Filing Fee ☐ $61.25 Filing Fee and Certificate of Status ☐ $105.00 Filing Fee and Certified Copy ☐ $113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

Odyssey Healthcare Management, LP

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

5/1/2008

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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

Signature of a general partner:

Typed or printed name:

Joseph Landenwich, General Counsel & Corporate Secretary for:
Odyssey Healthcare GP, LLC (General Partner)

Filing Fee: **$52.50**
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**

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2008 SEP -6 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA