

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90083 019 ***150.00

DOCUMENT # F06000006650					
1. Entity Name ODYSSEY HEALTHCARE OF NORTHWEST FLORIDA, INC.					
Principal Place of Business 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201			Mailing Address 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 87-0784932	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFTON, ROBERT A 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROSSMAN, WOODRIN 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP BELGER, BRENDA A 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF DIRK ALLISON, RODNEY 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCO GOGUEN, CRAIG P 717 N HARWOOD, STE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVRA VENTRE, KATHLEEN A 717 N. HARWOOD STE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u>R. Dirk Allison</u> DATE: 4/21/08 DAYTIME PHONE #: 214 922 9711		