

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006650

FILED
Mar 16, 2011
Secretary of State

Entity Name: ODYSSEY HEALTHCARE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

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

New Mailing Address:

3350 RIVERWOOD PARKWAY
SUITE 1400
ATLANTA, GA 30339 US

FEI Number: 87-0784932

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

OFFICERS AND DIRECTORS:

Title: CPD
Name: STRANGE, TONY
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: T D
Name: SLUSSER, ERIC R
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

Title: S D
Name: CAMPERLENGO, JOHN N
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN N CAMPERLENGO

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03/16/2011

Electronic Signature of Signing Officer or Director

Date