

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90002 037 ***150.00

DOCUMENT # F06000006651 1. Entity Name ODYSSEY HEALTHCARE OF MANATEE COUNTY, 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD 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 type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC BICKHAM, W. BRADLEY 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BICKHAM, W. BRADLEY 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT CANNON, DOUGLAS B 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CANNON, DOUGLAS B 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP + Human Resources Brenda A Belger 717 N. Harwood Ste 1500 Dallas, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP, General Counsel + Secretary Bickham, W. Bradley 717 N. Harwood Ste 1500 Dallas, TX 75201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP + COO Craig P. Goguen 717 N. Harwood, Ste 1500 Dallas, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP CFO, Treasurer + Asst Secretary Rathney Dirk Allison 717 N. Harwood, Suite 1500 Dallas, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP - Clinical + Regulatory Affairs Kathleen A. Ventre 717 N. Harwood Ste 1500 Dallas, TX 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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>W. Bradley Bickham</u> W. Bradley Bickham 9/4/07 2142453176 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40132293



07022007 Chg-P CR2E034 (12/06)

4. FEI Number
87-0785007
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required