

**F06000006651**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES  
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 OF MANATEE COUNTY, INC.

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

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April 14, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ODYSSEY HEALTHCARE OF MANATEE COUNTY, INC.  
3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339US

SUBJECT: ODYSSEY HEALTHCARE OF MANATEE COUNTY, INC.  
REF: F06000006651

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

FAX Aud. #: E11000098618  
Letter Number: 611A00009142

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Odyssey Healthcare of Manatee County, Inc.
2. The principal office address: 3350 RIVERWOOD PARKWAY SUITE 1400 ATLANTA GA 30339
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/20/2006 Document number: F06000006651
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

515 East Park Avenue, Tallahassee, FL 32301

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X

(Signature of an officer or director)

JOSE MOJICA, PRESIDENT

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

JOSE MOJICA, ASST. SECY

4/14/2011

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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