2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2007-90002-036-$150.00-$150.00

07 SEP 28 AM 9:00

TALLAHASSEE, FLORIDA

DOCUMENT # F06000006654

1. Entity Name
ODYSSEY HEALTHCARE OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
717 N. HARWOOD SUITE 1500 DALLAS, TX 75201	717 N. HARWOOD SUITE 1500 DALLAS, TX 75201

07032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 87 0785005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD GROSSMAN, WOODRIN 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VP, Clinical + Regulatory Affairs Kathleen A. Ventre 717 N. Harwood, Ste 1500 Dallas, TX 75201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSGC BICKHAM, W. BRADLEY 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VPres, General Counsel + Secretary, Director Bickham, W. Bradley 717 N. Harwood, Ste 1500 Dallas, TX 75201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD BICKHAM, W. BRADLEY 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VP, Human Resources Brenda A. Belger 717 N. Harwood Ste 1500 Dallas, TX 75201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVT CANNON, DOUGLAS B 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VP + CFO Treasurer - Asst Secretary R. Dirk Allison 717 N. Harwood Ste 1500 Dallas, TX 75201	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO CANNON, DOUGLAS B 717 N. HARWOOD, SUITE 1500 DALLAS, TX 75201	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sr VP + COO Craig P. Goguen 717 N. Harwood Ste 1500 Dallas, TX 75201	☐ Change ☒ 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: W. Bradley Bickham 9/4/07 2142453176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #