

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006654

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ODYSSEY HEALTHCARE OF COLLIER COUNTY, INC.

## Current Principal Place of Business:

717 N. HARWOOD  
SUITE 1500  
DALLAS, TX 75201

## New Principal Place of Business:

## Current Mailing Address:

717 N. HARWOOD  
SUITE 1500  
DALLAS, TX 75201

## New Mailing Address:

FEI Number: 87-0785005

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: LEFTON, ROBERT A  
Address: 717 N. HARWOOD, SUITE 1500  
City-St-Zip: DALLAS, TX 75201

Title: SVPG ( ) Delete  
Name: BICKHAM, W. BRADLEY  
Address: 717 N. HARWOOD, SUITE 1500  
City-St-Zip: DALLAS, TX 75201

Title: SVCR ( ) Delete  
Name: VENTRE, KATHLEEN  
Address: 717 N. HARWOOD, STE. 1500  
City-St-Zip: DALLAS, TX 75201

Title: SVHR ( ) Delete  
Name: BELGER, BRENDA A  
Address: 717 N. HARWOOD, STE. 1500  
City-St-Zip: DALLAS, TX 75201

Title: SVCF ( ) Delete  
Name: ALLISON, R. DIRK  
Address: 717 N. HARWOOD, STE. 1500  
City-St-Zip: DALLAS, TX 75201

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVPG (X) Change ( ) Addition  
Name: BICKHAM, W. BRADLEY A  
Address: 717 N. HARWOOD, SUITE 1500  
City-St-Zip: DALLAS, TX 75201

Title: SVP (X) Change ( ) Addition  
Name: SALLY, PARNELL  
Address: 717 N HARWOOD ST, SUITE 1500  
City-St-Zip: DALLAS, TX 75201

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R DIRK ALLISON

SVCF

04/24/2009

Electronic Signature of Signing Officer or Director

Date