2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006654

Entity Name: ODYSSEY HEALTHCARE OF COLLIER COUNTY, INC.

FILED Apr 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

717 N. HARWOOD SUITE 1500 DALLAS, TX 75201

Current Mailing Address: New Mailing Address:

717 N. HARWOOD SUITE 1500 DALLAS, TX 75201

FEI Number: 87-0785005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Name: LEFTON, ROBERT A

Address: 717 N. HARWOOD, SUITE 1500

City-St-Zip: DALLAS, TX 75201

Title: SVPG

Name: BICKHAM, W. BRADLEY A Address: 717 N. HARWOOD, SUITE 1500

City-St-Zip: DALLAS, TX 75201

Title: SVP

Name: SALLY, PARNELL

Address: 717 N HARWOOD ST, SUITE 1500

City-St-Zip: DALLAS, TX 75201

Title: SVHR

Name: BELGER, BRENDA A Address: 717 N. HARWOOD, STE. 1500

City-St-Zip: DALLAS, TX 75201

Title: SVCF

Name: ALLISON, R. DIRK

Address: 717 N. HARWOOD, STE. 1500

City-St-Zip: DALLAS, TX 75201

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: R DIRK ALLISON SVCF 04/22/2010