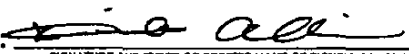


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-29-2008 90083 020 ***150.00

DOCUMENT # F07000002133			
1. Entity Name ODYSSEY HEALTHCARE OF PINELLAS 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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3238725		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD 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	VPSD BICKHAM, W. BRADLEY 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	DVP GROSSMAN, WOODRIN 717 N HARWOOD SUITE 1500 DALLAS, TX 75201 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP - COO Goguen, Craig P 717 N. Harwood Ste 1500 Dallas, TX 75201 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP ALLISON, RODNEY D 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	CFO ALLISON, RODNEY D 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	VC BICKMAN, W BRADLEY 717 N HARWOOD SUITE 1500 DALLAS, TX 75201 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  R. Drake Allison		Date: 4/21/08 2149229711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	