

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90083 023 ***150.00

DOCUMENT # F07000002134					
1. Entity Name ODYSSEY HEALTHCARE OF HILLSBOROUGH 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	04182008 Chg-P CR2E034 (12/06)	
4. FEI Number 75-3238729				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
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	CDP 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	VCDS 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	VP 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	GrVP + 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	
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. Dirk Allison 4/21/08 214 922-9711 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					