

FD 700BDD 2139

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000098634 3)))



H110000986343ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE ODYSSEY HEALTHCARE OF MARION COUNTY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RA RD

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

11 APR 14 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 14 PM 2:44

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Odyssey Healthcare Marion County, Inc.
2. The principal office address: 3350 RIVERWOOD PARKWAY SUITE 1400 ATLANTA GA 30339
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/20/2007 Document number: F07000002139
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

515 East Park Avenue, Tallahassee, FL 32301

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X

(Signature of an officer or director)

JOSE MOJICA, PRESIDENT

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

JOSE MOJICA, ASST. SECY

(Signature of Registered Agent)

4/14/2011

(Date)

If signing on behalf of an entity:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
11 APR 14 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA