

F07000002139

Florida Department of State  
Division of Corporations  
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To:

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

From:

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

DISSOLUTION OR WITHDRAWAL  
ODYSSEY HEALTHCARE OF MARION COUNTY, INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12 OCT 18 PM 1:00

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Withdrawal

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**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA****ODYSSEY HEALTHCARE OF MARION COUNTY, INC.**

(Name of Corporation)

**F07000002139**

(Document Number of Corporation (if known))

**DELAWARE**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**3350 RIVERWOOD PARKWAY, SUITE 1400**

(Mailing Address)

**ATLANTA, GA 30339**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - If in the hands of a  
receiver or other court appointed fiduciary, by that fiduciary)

**JOHN N. CAMPERLENGO**

(Typed or printed name of person signing)

(Date)

**SNR VP, GEN CSL & SECY.**

(Title of person signing)

**FILING FEE \$35**

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