

Division of Corporations
F08000004524 as 1 of 1

Florida Department of State
Division of Corporations
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From:
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

Odyssey Healthcare of Central Florida, Inc

Certificate of Status	0
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Odyssey HealthCare of Central Florida, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 16, 2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 717 N Harwood St, Suite 1500, Dallas, Texas, 75201-6519
(Principal office address)
717 N Harwood St, Suite 1500, Dallas, Texas, 75201-6519
(Current mailing address)
8. Hospice services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

C T Corporation System
By: Michael E. Jones
(Registered agent's signature) Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Robert A. Lefton (Director)

Address: 717 N Harwood St., Suite 1500
Dallas, Tx 75201-6519

Vice Chairman: W. Bradley Bickham (Director)

Address: 717 N Harwood St., Suite 1500
Dallas, Tx 75201-6519

Director: R. Dirk Allison

Address: 717 N Harwood St., Suite 1500
Dallas, Tx 75201-6519

Director: _____

Address: _____

B. OFFICERS

President: Robert A. Lefton

Address: 717 N Harwood St., Suite 1500
Dallas, Tx 75201-6519

Vice President: W. Bradley Bickham (Sr Vice President, General Counsel & Secretary)

Address: 717 N Harwood St., Suite 1500
Dallas, Tx 75201-6519

Secretary: W. Bradley Bickham (Sr Vice President, General Counsel & Secretary)

Address: 717 N Harwood St., Suite 1500, Dallas, Tx 75201-6519

Treasurer: R. Dirk Allison (Sr Vice President, CFO & Treasurer)

Address: 717 N Harwood St., Suite 1500, Dallas, Tx 75201-6519

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. W. B. Bickham
(Signature of Director or Officer listed in number 12 of the application)

14. W. Bradley Bickham, Sr Vice President, General Counsel & Secretary
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ODYSSEY HEALTHCARE OF CENTRAL FLORIDA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6916886

DATE: 10-17-08