

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000107

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** ODYSSEY VISTACARE HOSPICE FOUNDATION, INC.

**Current Principal Place of Business:**

717 N HARWOOD STREET  
STE 1500  
DALLAS, TX 75201

**New Principal Place of Business:**

**Current Mailing Address:**

717 N HARWOOD STREET  
STE 1500  
DALLAS, TX 75201

**New Mailing Address:**

4850 WRIGHT RD  
STE 168  
STAFFORD, TX 77477

**FEI Number:** 75-2851746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURNHAM, RICHARD R  
Address: 717 N HARWOOD STREET, STE 1500  
City-St-Zip: DALLAS, TX 75201

Title: VPST  
Name: BICKHAM, W BRADLEY  
Address: 717 N HARWOOD STREET, STE 1500  
City-St-Zip: DALLAS, TX 75201

Title: D  
Name: BICKHAM, W BRADLEY  
Address: 717 N HARWOOD STREET, STE 1500  
City-St-Zip: DALLAS, TX 75201

Title: D  
Name: ROLLERSON, THOMAS  
Address: 717 N HARWOOD STREET, STE 1500  
City-St-Zip: DALLAS, TX 75201

Title: D  
Name: STEFFY, DAVID L  
Address: 717 N HARWOOD STREET, STE 1500  
City-St-Zip: DALLAS, TX 75201

Title: ED  
Name: ANDERSON, SHARON E  
Address: 717 N HARWOOD STREET, STE 1500  
City-St-Zip: DALLAS, TX 75201

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON ANDERSON

ED

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date