

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000107

FILED
Jan 26, 2011
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:

4850 WRIGHT RD
STE 168
STAFFORD, TX 77477

New Mailing Address:

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: SHANER, JEFF
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339

Title: VPD
Name: PARNELL, SALLY A
Address: 717 N HARWOOD STREET, STE 1500
City-St-Zip: DALLAS, TX 75201

Title: STD
Name: CAMPERLENGO, JOHN N
Address: 3350 RIVERWOOD PARKWAY, STE. 1400
City-St-Zip: ATLANTA, GA 30339

Title: D
Name: ROLLERSON, THOMAS
Address: 1528 CHAPALA STREET, STE. 304
City-St-Zip: SANTA BARBARA, CA 93101

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: SALLY A. PARNELL

VPD

01/26/2011

Electronic Signature of Signing Officer or Director

Date