

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006832

FILED  
Mar 16, 2011  
Secretary of State

Entity Name: ODYSSEY HEALTHCARE GP, LLC

## Current Principal Place of Business:

717 N HARWOOD ST., SUITE 1500  
DALLAS, TX 75201

## New Principal Place of Business:

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339 US

## Current Mailing Address:

717 N HARWOOD ST., SUITE 1500  
DALLAS, TX 75201

## New Mailing Address:

3350 RIVERWOOD PARKWAY  
SUITE 1400  
ATLANTA, GA 30339 US

FEI Number: 75-2932676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

## MANAGING MEMBERS/MANAGERS:

Title: MGRP  
Name: STRANGE, TONY  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

Title: MGRT  
Name: SLUSSER, ERIC R  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

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

Title: MGRM  
Name: ODYSSEY HEALTHCARE HOLDING COMPANY  
Address: 3350 RIVERWOOD PARKWAY, STE. 1400  
City-St-Zip: ATLANTA, GA 30339 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN N CAMPERLENGO

S

03/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date