

M0600006832

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000098588 3)))



H110000985883ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

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

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
ODYSSEY HEALTHCARE GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED  
11 APR 14 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 APR 14 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD

APR 15 2011

EXAMINER

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

- 1. Name of the limited liability company: Odyssey Healthcare GP, LLC
- 2. (a) Principal office address of limited liability company: 3350 RIVERWOOD PARKWAY  
*(Note: MUST BE STREET ADDRESS)* SUITE 1400  
ATLANTA GA 30339
- (b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

- 12/08/2006 3. Date of filing/registration in Florida
- M06000006832 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

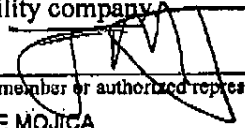
Registered Agent: CT CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324 US

FILED  
 11 APR 14 AM 9:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

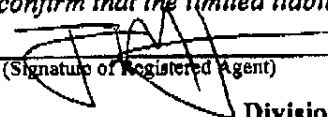
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: BLUMBERGEXCELSIOR CORPORATION
- NEW Registered Office Address: SERVICES, INC.  
*(MUST BE FLORIDA STREET ADDRESS)* 515 EAST PARK AVE.  
TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
 (Signature of a member or authorized representative of a member)  
JOSE MOJICA

(Printed or typed name of signee)

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 (Signature of Registered Agent) JOSE MOJICA, ASST. SECY.

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**