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Foreign Limited Liability Company
ODYSSEY HEALTHCARE OF MARION COUNTY, LLC

Certificate of Status	0
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
 TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. ODYSSEY HEALTHCARE OF MARION COUNTY, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-3238731

(PBI number, if applicable)

4.

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. 04/20/2007 UNDER DOCUMENT # F07000002139 - ODYSSEY HEALTHCARE OF MARION COUNTY, INC.

*(Date first transacted business in Florida, if prior to registration.)
 (See sections 608.501 & 608.502 F.S. to determine penalty liability)*

7. 3350 RIVERWOOD PARKWAY, SUITE 1400, ATLANTA GA 30339

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHED RIDER

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To engage, directly or indirectly,

in the operation of one or more hospice businesses as well as any lawful activities that the Managers, in their sole discretion, deem appropriate

(Signature of a member or an authorized representative of a member.)

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JOHN N CAMPERLENGO

Typed or printed name of signee

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BOARD OF DIRECTORS

Chairman	Tony Strange	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Director	Eric R. Slusser	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Director	John N. Camperlengo	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339

CORPORATE OFFICERS

Chairman, Chief Executive Officer and President	Tony Strange	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Executive Vice President, Chief Financial Officer & Treasurer	Eric R. Slusser	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Senior Vice President, General Counsel, Chief Compliance Officer & Secretary	John N. Camperlengo	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Senior Vice President, Chief Clinical Officer	Charlotte A. Weaver	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Vice President, Controller & Chief Accounting Officer	David L. Gieringer	12900 Foster Street Overland Park, KS 66213
Vice President - Tax	Kimberly M. Hill	3350 Riverwood Parkway, Suite 1400 Atlanta, GA 30339
Assistant Secretary	Ruth C. Schwartz	12900 Foster Street Overland Park, KS 66213

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE** 2012 OCT 31 AM 8:02

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ODYSSEY HEALTHCARE OF MARION COUNTY, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

BlumbergExcelsior Corporate Services Inc.

(Name)

515 East Park Ave.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

 **Asst. Sec.**

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ODYSSEY HEALTHCARE OF MARION COUNTY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ODYSSEY HEALTHCARE OF MARION COUNTY, LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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AUTHENTICATION: 9954002

DATE: 10-31-12

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