

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000006123

Entity Name: ODYSSEY HEALTHCARE OF MARION COUNTY, LLC

Current Principal Place of Business:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202

Current Mailing Address:

680 SOUTH FOURTH STREET
LOUISVILLE, KY 40202 US

FEI Number: 75-3238731

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title MANAGER
Name LANDENWICH, JOSEPH L
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER
Name CUNANAN, STEPHEN
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

Title MANAGER
Name CURNUTTE, DOUGLAS L
Address 680 SOUTH FOURTH STREET
City-State-Zip: LOUISVILLE KY 40202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS L CURNUTTE

MANAGER

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date