

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000006123

Entity Name: ODYSSEY HEALTHCARE OF MARION COUNTY, LLC

Current Principal Place of Business:

655 BRAWLEY SCHOOL ROAD
SUITE 200
MOORESVILLE, NC 28117

Current Mailing Address:

655 BRAWLEY SCHOOL ROAD
SUITE 200
MOORESVILLE, NC 28117 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 LAZAS, RONALD C.
Address 655 BRAWLEY SCHOOL ROAD
 SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title MANAGER
Name CAUSBY, DAVID
Address 655 BRAWLEY SCHOOL ROAD
 SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title GENERAL COUNSEL AND
 CORPORATE SECRETARY
Name LAZAS, RONAND C. JR.
Address 655 BRAWLEY SCHOOL ROAD
 SUITE 200
City-State-Zip: MOORESVILLE NC 28117

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: RONAND C. LAZAS JR.

GENERAL COUNSEL AND 03/20/2025
CORPORATE
SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date