

2020 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: NOT APPLICABLE****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 COO
Name SCHWARTZ, ALICE ANN
Address 655 BRAWLEY SCHOOL ROAD
SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title MANAGER
Name SCHWARTZ, ALICE ANN
Address 655 BRAWLEY SCHOOL ROAD
SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title CFO
Name MARINO, RONALD
Address 655 BRAWLEY SCHOOL ROAD
SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title CEO
Name DYER, JOHN
Address 655 BRAWLEY SCHOOL ROAD
SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title DELEGATED OFFICIAL
Name MCGEE, GUSTI
Address 655 BRAWLEY SCHOOL ROAD
SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title SECRETARY & CHIEF COMPLIANCE
OFFICER
Name ABELL, DOUGLAS J.
Address 655 BRAWLEY SCHOOL ROAD
SUITE 200
City-State-Zip: MOORESVILLE NC 28117

Title MANAGER
Name MARINO, RONALD
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: RONALD MARINO**MANAGER****05/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date