RALPH MOIL St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Secretary of State	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2013			
1. ID No. <u>000163592</u>			
2. Exact Name of the Limited Liability Company Odyssey HealthCare GP, LLC			
3. State of Formation			
State: <u>DE</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
HOSPICE SERVICE			
5. Principal Office Address			
No. and Street:2374 PCity or Town:WARY	POST ROAD SUITW 206 WICK	State: <u>RI</u> Zip: <u>02886</u> Co	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:   No. and Street: 3350 RIVERWOOD PKWY, SUITE 1400   City or Town: ATLANTA   State: GA   Zip: 03339   Country: USA			
			-
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	Cada Country
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
PARASEARCH, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

**Signed this 7 Day of November, 2013 at 11:37:52 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOHN N CAMPERLENGO

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved