

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002834 (7)  
1. Corporation Name  
VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA



Principal Place of Business 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131	Mailing Address 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0668678		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	SEE ATTACHED
NAME	WESTBROOK, HUGH A	1.2 NAME	
STREET ADDRESS	100 SOUTH BISCAYNE BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	SVPS	2.1 TITLE	
NAME	STERLING, MARK A.	2.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WILLIAMS, J R MD	3.2 NAME	
STREET ADDRESS	100 SOUTH BISCAYNE BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	VPTA	4.1 TITLE	
NAME	OHLENLORF, MARK	4.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	COMBS, THOMAS E	5.2 NAME	
STREET ADDRESS	100 SOUTH BISCAYNE BOULEVARD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	CHRISTMANN, KATHRYN A.	6.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)

**VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA**

**Officers**

**Hugh A. Westbrook**  
Chairman of the Board; President; Chief Executive Officer  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**Thomas E. Combs**  
Senior Vice President  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**Deirdre Lawe**  
Senior Vice President  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**David A. Wester**  
Vice President; Treasurer; Assistant Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**Peter H. Harris**  
Vice President; Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA**

**Board of Directors**

**Hugh A. Westbrook, Chairman**  
**100 South Biscayne Boulevard, Fifteenth Floor**  
**Miami, Florida 33131**

**J.R. Williams, M.D.**  
**100 South Biscayne Boulevard, Fifteenth Floor**  
**Miami, Florida 33131**

**Thomas E. Combs**  
**100 South Biscayne Boulevard, Fifteenth Floor**  
**Miami, Florida 33131**