

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002834

1. Entity Name

VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90099 002 ***150.00

Principal Place of Business

100 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

Mailing Address

100 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-2011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0668678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CCEO ☐ Delete
NAME WESTBROOK, HUGH A
STREET ADDRESS 100 SOUTH BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33131

TITLE Sr. V.P. - Patient & Family Services ☒ Change ☒ Addition
NAME Peggy Pettit
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500
CITY-ST-ZIP Miami, FL 33131

TITLE SVPS ☒ Delete
NAME STERLING, MARK A.
STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP MIAMI FL

TITLE Chief of Hospice Operations ☒ Change ☒ Addition
NAME Deirdre Lawe
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500
CITY-ST-ZIP Miami, FL 33131

TITLE D ☐ Delete
NAME WILLIAMS, J R MD
STREET ADDRESS 100 SOUTH BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33131

TITLE CFO, Sr. V.P., Treasurer ☐ Change ☒ Addition
NAME David A. Wester
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500
CITY-ST-ZIP Miami, FL 33131

TITLE VPTA ☒ Delete
NAME OHLENLORF, MARK
STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP MIAMI FL

TITLE V.P. General Counsel & Secretary ☐ Change ☒ Addition
NAME Robert D. Clark
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500
CITY-ST-ZIP Miami, FL 33131

TITLE V ☒ Delete
NAME COMBS, THOMAS E
STREET ADDRESS 100 SOUTH BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33131

TITLE Chairperson ☐ Change ☒ Addition
NAME Esther Colliflower
STREET ADDRESS 100 S. Biscayne Blvd., Ste. 1500
CITY-ST-ZIP Miami, FL 33131

TITLE AS ☒ Delete
NAME CHRISTMANN, KATHRYN A.
STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Robert D. Clark*

Robert D. Clark

305-350-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)