

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90153 018 \*\*\*150.00

<b>DOCUMENT # F96000002834</b>					
<b>1. Entity Name</b> VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA					
<b>Principal Place of Business</b> 100 SOUTH BISCAYNE BOULEVARD ATTN LEGAL DEPT MIAMI, FL 33131			<b>Mailing Address</b> 100 SOUTH BISCAYNE BOULEVARD ATTN LEGAL DEPT MIAMI, FL 33131		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 255 East 5th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2600-Barbara S. Gugel			
City & State		City & State Cincinnati, OH 45202		<b>4. FEI Number</b> 65-0668678	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PO CEO</b> O'TOOLE, TIMOTHY S 100 SOUTH BISCAYNE BLVD., STE 1500 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	See attached for complete list	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVP EVP COO</b> PETTIT, PEGGY 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> MCNAMARA, KEVIN J 255 E. FIFTH STREETX CINCINNATI, OH 452024726	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CH0 EVP</b> LAWE, DEIRDRE 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CF07 Pres</b> WESTER, DAVID A 100 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP GC</b> DEL CASTILLO, BARBARA 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			Naomi C. Dallob SVP & General Counsel		4/21/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

ATTACHMENT  
VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

H0067183

#F96000002834

OFFICERS

Chief Executive Officer  
President  
Executive VP & Chief Operating Officer  
Executive VP-Development & Public Affairs  
Sr. VP & General Counsel

Timothy S. O'Toole  
David A. Wester  
Peggy Pettit  
Dierdre Lawe  
Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole  
Kevin J. McNamara  
Dierdre Lawe  
Peggy Pettit

**ATTACHMENT**  
**VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA**

40067183  
# F96000662834

**BUSINESS ADDRESS**

**TITLE**

**NAME**

**SOCIAL SECURITY NO.**

**HOME ADDRESS**

**Chief Executive Officer, Director**

Timothy S. O'Toole

177 Ocean Lane Drive  
Key Biscayne, Florida 33149

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Chairman & Director**

Kevin J. McNamara

949 Edwards Road  
Cincinnati, Ohio 45208

Chemed Corporation  
255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202

**President**

David A. Wester

4244 Chase Avenue  
Miami Beach, Florida 33140

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Exec VP & COO, Director**

Peggy Pettit

13370 Biscayne Bay Terrace  
North Miami Beach, Florida 33181

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Exec VP-Dev of Public Affairs, Director**

Dierdre Lawe

4950 Thoroughbred Lane  
Ft. Lauderdale, Florida 33330

100 South Biscayne Blvd, Ste 1500  
Miami, Florida 33131

**Sr. VP & General Counsel**

Naomi C. Dallob

1060 Barry Lane  
Cincinnati, Ohio 45229

Chemed Corporation  
255 East 5<sup>th</sup> Street  
Suite 2600  
Cincinnati, Ohio 45202