

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

02027070  
AV

**DOCUMENT # F96000002834**



1. Entity Name  
**VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA**

03-26-2003 90138 046 \*\*\*158.75

Principal Place of Business  
**100 SOUTH BISCAYNE BOULEVARD  
ATTN LEGAL DEPT  
MIAMI FL 33131**

Mailing Address  
**100 SOUTH BISCAYNE BOULEVARD  
ATTN LEGAL DEPT  
MIAMI FL 33131**



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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO WESTBROOK, HUGH A 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPF PETTIT, PEGGY 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, J R MD 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHO LAW, DEIRDRE 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT WESTER, DAVID A 100 S BISCAYNE BLVD STE 1500 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPGC DEL CASTILLO, BARBARA 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attachments</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Sasbar* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/03* *305.350.6721*  
Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

90061304

F96000002834

VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

**Board of Directors**

Hugh A. Westbrook  
Chairman of the Board & CEO  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

J.R. Williams, M.D.  
Vice Chairman & Chief Patient Care Officer  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

Esther Colliflower, Chairperson  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

Deirdre Lawe  
Executive Vice President - Strategic Development Services  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

Peggy Pettit  
Executive Vice President & Chief of Hospice Operations  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

ATTACHMENT

90061304

F96000002834

VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

Officers

Hugh A. Westbrook  
Chairman of the Board & CEO  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

J.R. Williams, M.D.  
Vice Chairman & Chief Patient Care Officer  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

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Peggy Pettit  
Executive Vice President – Chief of Hospice Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Deirdre Lawe  
Executive Vice President - Strategic Development Services  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

David A. Wester  
Executive Vice President; Corporate Services, Chief Financial Officer,  
Treasurer & Assistant Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Barbara del Castillo  
Vice President, General Counsel, & Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

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