

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90014 037 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000005516

1. Entity Name

Vitas Holdings Corporation

Principal Place of Business	Mailing Address
100 South Biscayne Blvd. Suite 1500 Miami, Florida 33131	100 South Biscayne Blvd. Suite 1500 Miami, Florida 33131 Attn: Legal Dept.

2. Principal Place of Business	3. Mailing Address
100 S. Biscayne Blvd. Suite, Apt. #, etc. 1500	100 S. Biscayne Blvd. Suite, Apt. #, etc. 1500

City & State	City & State	4. FEI Number	Applied For
Miami, Florida	Miami, Florida	65-0866301	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33131	Miami-Dade	33131	Miami-Dade <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, Florida 32301-2525

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	Chairman, President, CEO <input type="checkbox"/> Delete Hugh A. Westbrook 100 S. Biscayne Blvd. Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., General Counsel, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert D. Clark 100 S. Biscayne Blvd. Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P., Chief Patent Officer <input type="checkbox"/> Delete J.R. Williams 100 S. Biscayne Blvd. Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patent Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief of Hospice Operations, Sr. <input type="checkbox"/> Delete Deirdre Lawe 100 S. Biscayne Blvd. Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P., CFO, Asst. Secretary <input type="checkbox"/> Delete David A. Wester 100 S. Biscayne Blvd. Miami, Florida 33131	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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 305-350-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)